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## Let's meet R.N. authors



Mrs. Evelyn T. Pastore, R.N., a Johns Hopkins' graduate, spent three years in the European theater with the ANC, lived and studied there three more. Her articles have been accepted by "The Saturday Evening Post," and other magazines and newspapers. In this issue, her writing and photographs recapture for us the historical flavor of Vienna's Allgemeines Krankenhaus.



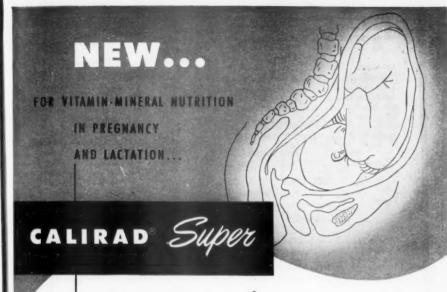
A native lowar with a flair for journalism, Mary Osborne found her vocation in public relations after graduating from the University of Iowa in 1946. Following three and a half years in the public relations department of the Quaker Oats Co. in Chicago, she came to New York City to take a job with the public relations firm, Selvage & Lee, where she is now in charge of women's publicity for a number of accounts, including the Corset and Brassiere Association of America. She has had a number of articles on foundation garments published.



Assistant editor of "The Journal of School Health" and past president of The American School Health Association, Gertrude E. Cromwell, R.N. is probably one of today's most authoritative sources on school nursing. A graduate of Boston Children's Hospital and Simmons College of Public Health Nursing, with an M.S. from the University of Michigan, she is now supervisor of school nursing in the Denver (Colo.) Public Schools.



Versatile Mrs. Marion Howell Smith, R.N., knows where of she speaks when she urges nurses to "get lost" in a hobby. A graduate of St. Anthony Training School for Nurses, Rockford, Ill., she did private duty nursing before her marriage and during World War II. Among her numerous journalistic achievements are a children's book, "A Chariot for Beppi" and "Feather for the Crown" (not yet published).



Of 5022 mothers one half received vitamin-mineral supplements, and to these women fewer premature infants were born. This is a "finding of real significance when coupled with the fact that 50 per cent of infant deaths during the first month are the result of prematurity."

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<sup>\*\*</sup> RDA = Recommended daily allowance, Food and Nutrition Board, National Research Council.

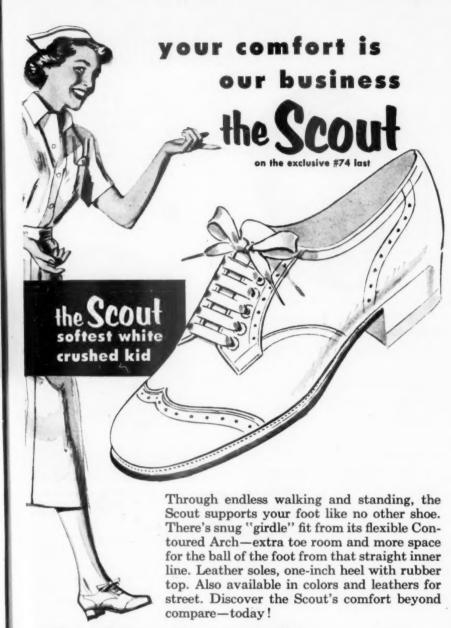
<sup>†</sup> The MDR of vitamin Bz in children and the MDR of nicotinamide have not been definitely established.

<sup>1.</sup> Macy, I. G.: Interne, 13:19, Jan., 1947.

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### -DEBITS & CREDITS ---

#### DISSIDENT VIEWS

Dear Editor:

Nursing magazines usually do not stimulate too much thinking on an issue by offering a candid pro and con treatment of it. True there are messages in editorials but no frank statement such as, "Look girls, this is exactly what the proposed planwill mean to your daily life."

Ordinarily R.N. does a stunning job at this sort of thing but recently the magazine has developed a definite list to one side in discussing proposed changes in structure, and there is a confusing mixture of fact and fallacy.

For instance, R.N. is worried about the balance of power between the district, state, and national or-Now. anyone who ganizations. knows her district and state associations is not going to believe that the ruthless robber-baron of a national nursing organization is going to sap the strength of the state and squeeze blood from district stones. There may be some districts in the country which take to bake sales for existance, but the district associations I know of and hear about are very independent of state and national domination. They know their rights and privileges and guard them zealously. One district president said that a sure way to kill a program, no matter how good, is to say, "ANA says this," or "Harrisburg says that."

By the way, do you know that this whole structure business did not come from the fertile imaginations of a few national nurse leaders? It came from a question raised by a district on whether or not some of the six national organizations had already served their purposes and that an amalgamation might better serve the membership.

I've never noted that nurses hesitate to express themselves. They may not be terribly vocal at meetings but they do know what they want and they vote accordingly when the time comes.

R.N. is also worried about high dues and feels that high ANA dues limit membership. Isn't the program the major factor in attracting members? Over and over again nurses have demonstrated that they will buy a program they want and need. This association raised dues in 1947 for a program to improve the employment conditions of nurses, membership has increased steadily since then. We do not hesitate to voice our opinion to ANA about program, and to ask for service. In fact, we believe ANA should give more service to states through national studies and by voice on











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important issues and that there should be more field service for major programs in the states. However, we know that the present ANA fee of \$3.00 is not enough to meet these things we want.

I'd like to question the thinking that ANA membership declined as a result of increased ANA dues voted upon in 1946. May I call your attention to the 1944 Biennial when the house of delegates voted to discontinue the alumnae association as the basic unit for ANA membership. Perhaps this vote meant little to the younger nurse but there were many to whom it was unthinkable that the alumnae association should be divorced from the ANA. Nearly every state association records the reduction of state membership at that time with the growing attendance at alumnae meetings, and lowered attendance at district meetings.

Do you remember the 1946 Biennial and Mr. Rich's red lines and blue lines on structure which utterly confused all of us? And the frantic study groups and opinionnaires at district levels?

Do you remember the 1948 Biennial and the proposal of the structure committee for one organization?

Do you remember the 1950 Biennial and the vote for two organizations? More study groups and a series of *Journal* articles outlining the place of all of us in the proposed new structure?

I can find plenty of pro and con discussion on these events but no warning of doom or destruction if the suggested reorganization took



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place. From Mr. Rich's red and blue lines to today more nurses have been made aware of the professional organization—its structure and program, and have expressed themselves about it.

In the proposed structure, sections will have definite advantages over today's structure. Isn't this good? Ask the sections about it. Is it possible that those opposed to strong sections also have some misgivings about the Economic Security Program?

Those of us who graduated prior to 1918 remember that ANA membership, state registration and Red Cross enrollment were "must" propositions that were to be treated without question—it was the professional thing to do. Today's grad-

uates are inquiring people and want to know what membership in the professional organizations has to offer them. I see a lot of challenge in the programs of the proposed ANA and NLN at state and district levels. Strong sections, stronger districts, better programs for nurses and nursing, better service to the public. What's wrong with that?

KATHARINE E. F. MILLER, R.N. EXECUTIVE SECRETARY
THE PENNSYLVANIA STATE
NURSES ASSOCIATION
HARRISBURG, PA.

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Dear Editor:

R.N. has appeared, in recent months, to be beating the drum for greater democracy in the nursing organizations and for greater under-

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What
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1952



by OLIVE CRENNING Special Representative to the Nursing Profession

HOULD I USE tampons?" That is the question single girls often ask. I tell them that of course they should! I explain that there isn't any other sanitary protection half so practical, half so comfortable, half so downright satisfactory as wonderful Meds tampons. I reassure them by pointing out that medical literature indicates that tampons can be used safely, comfortably by single girls. Then I tell them that every month thousands and thousands of single girls, married women, young women, older women depend on Meds, the safer, surer sanitary protection.

I explain that because Meds tampons are used internally, they give undreamed-of freedom. I explain that tampons are the only form of sanitary protection that frees women from bothersome belts, pins, pads and bulges. And since Meds tampons absorb internally, embarrassing odors and uncomfortable chafing cannot occur.

Meds tampons are not only more comfortable than any other form of sanitary protection, but they are more comfortable than any other tampon. Each doctor-perfected Meds is made of finer, more absorbent, surgical cotton. Each Meds is easier, quicker to use, thanks to a specially designed applicator. Each Meds is individually wrapped for extra safety, extra protection.

I often explain to women who have never used tampons that their use is overwhelmingly approved by leading doctors—gynecologists and obstetricians—according to a recent national survey.

And remember, with Meds tampons you can swim, shower, dance any day. I am so sure that you will find Meds so much more comfortable than any other form of sanitary protection, I am so sure that you will find Meds so much easier and quicker to use than any other tampon that I want you to try them at our expense.

For a free sample package of Meds in a plain wrapper, send your name and address to Olive Crenning, Dept. RN-9, Personal Products Corp., Milltown, N. J. (One package to a family, U. S. A. and Canada only.) standing of the needs and interests of the average nurse. Yet, at the same time R.N. attacks the very programs and proposed changes in our nursing organizations which serve the interests of the average nurse and make democratic participation possible.

Where district, state, and national sections have been encouraged, the programs of the parent organizations have come closer and closer to the interests of the average nurse, for sections speak for "the people"; yet, you would silence sections by removing their chairmen from the organization boards. Under our new structure our members are finally assured representation in the voting bodies of our organizations through their own fields of nursing; our pri-

vate duty and general duty nurses will have a voice equal to our administrators and educators in making plans for better nursing service; our sections will become basic parts of our organizations rather than tag ends; yet, you decry these changes.

Since 1946, the two greatest service programs ever offered the membership of the nursing organizations have been developed to meet the demands of the membership. Our counseling and placement services are one of the most powerful membership-selling programs we have, for individual nurses find in them the objective, personal service to help them meet their professional needs which is available nowhere else. Our economic security programs are aimed at a realistic ac-

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# What every nurse should know about pregnancy

You'd be amazed at the number of unsolicited testimonials we've received from expectant mothers teiling us of the wonderful relief TUMS have given them for the acid indigestion, heartburn and gas which so often accompanies pregnancy. Yes, TUMS give sweet relief quickly with no danger of over-alkalizing or of acid rebound. They're non-systemic, requiring no mixing or water, and economical too, only 10¢ a roll.



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The approach of colder weather is a warning that psoriasis eruptions will soon return to many of your patients who have enjoyed summer remissions. In this connection, here are three interesting facts about the use of RIASOL for psoriasis:

One, RIASOL by actual clinical tests proved effective in 76% of cases in a controlled group.

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To help you solve a

## TOUCHY NURSING PROBLEM

As a nurse, you are probably called upon frequently to explain menstruation to young girl patients.

And, because teaching is becoming an increasingly important part of nursing, you may be asked to teach the menstrual "facts" to groups of women.

To make it easier for you, the makers of Modess have prepared two aids which they offer free to nurses.

- 1. "Growing Up and Liking It"—a booklet of facts and tips about menstruation written for young girls. You may have as many free copies of this doctor-approved booklet as you wish.
- 2. Modess Educational Portfolio—a complete guide for group or classroom discussions containing a teaching guide, large anatomical chart, two booklets on menstruation and re-order forms.

Address requests for either or both to Anne Shelby, Box 5262-9, Personal Products Corporation, Milltown, N. J.

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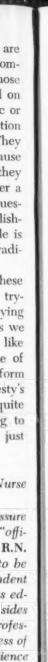
ceptance of the fact that nurses are truly human beings. Sound economic security programs such as those promoted by the ANA are based on democratic rather than autocratic or collusive action—real participation by the nurses who are affected. They are expensive programs; because they are democratic programs they take a long time to develop. After a century of needing them, you question how little has been accomplished in six short years! The miracle is how *much* has been done in a traditionally autocratic atmosphere.

How can R.N. reconcile these conflicting editorial attitudes of trying to promote democracy by trying to destroy the democratic strides we have already made? We would like to see printed in a future issue of R.N. just exactly what its platform is, aside from being "His Majesty's Loyal Opposition." We can't quite figure out where you are trying to take us except, perhaps, just "against."

BARBARA G. SCHUTT, R.N.

Editor, The Pennsylvania Nurse Harrisburg, PA.

[We have been subjected to pressure many times to present only the "official" point of view. So long as R.N. is published—and we intend it to be as long as nurses need independent thinking and open discussion—its editors will continue to present all sides of issues, and to interpret the professional scene as we see it, regardless of the imperious demands for obedience to the prescribed doctrine. For our answer, read this month's editorial on page 24.—THE EDITORS.]



our

torial

1952



# Children enjoy taking Fletcher's CASTORIA the laxative made especially for them

Extra Mild—Contains No Harsh Drugs— Won't Upset Sensitive Little Stomachs!

FLETCHER'S is a natural vegetable laxative made especially for the delicate digestive systems of infants and children of all ages. Acts gently, thoroughly, and you can regulate dosage exactly. What's more, it tastes so good, children take it without fussing. You can recommend FLETCHER'S CASTORIA with confidence because more than 100 bacteriological and biological tests assure its absolute purity and uniformity.





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5-minute

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Here is a simple and effective daily routine for your patients with Athlete's Foot. *Bactine* encourages cooperation because it does not sting or burn, does not stain and has a clean, fresh odor.

#### instruction sheet

- 1 Cleanse feet with Bactine morning and night. (Penetrating detergent action removes material favorable to fungi and bacteria. Bactine also helps curb foot odors.)
- 2 Place Bactine-soaked pledgets of cotton between affected toes for 2 minutes. (Bactine fights both fungi and secondary infection.)
- 3 Allow Bactine to dry on feet. (Action persists for hours.)
- 4 Each morning put on clean, dry socks previously rinsed in Bactine solution, one tablespoonful to quart of water, for 3 minutes. (Bactine helps prevent reinfection.)

Bactine: 1-gallon, 1-pint, 6-ounce and 1%-ounce bottles. From your regular supplier, or we will assist you in ordering.

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## **NEW!** Plastic Bandages in 3 shapes for your convenience!



A shape for every need . . . in the only plastic bandages that offer all these advantages.

#### COMPLETELY WATERPROOF.

Won't come loose in water. They stay on and wash clean.

#### THIN, SMOOTH, ELASTIC.

Thin, smooth and elastic, they conform perfectly-fit, look, and stretch like a second skin.

100% STERILE.

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## COMMON SCIENCE SHORTS

Several cases of aplastic anemia, some fatal, following administration of chloramphenicol (Chloromycetin) have led to a warning from the office of the Army Surgeon General urging Army doctors to use extreme care in the use of this drug. Evidence clearly fixing the blame for the anemia is not complete, however, since some of the affected patients were undergoing treatment with other drugs as well. Both the AMA and Parke, Davis & Co., producer of the drug, have cautioned doctors against indiscriminate use of chloramphenicol, and the National Research Council, following a request by Food and Drug Administration officials, has appointed an advisory committee to study the matter.

\*

It is estimated that there are over 4 million sufferers from Hansen's disease (leprosy) in the world.

\*

Studies reported at a recent meeting of the American Academy of Neurology revealed that sludged blood and molecules of fatty protein in the blood are found in multiple sclerosis patients. Drs. L. Roizin, R. Abel, and F. Winn of New York believe that sludging, which deprives the nerve cells of oxygen, may cause the disease. A group of University of California doctors reports that the

increase in fatty molecules may be related to the cause of the destruction to the myelin sheath of the nerves which characterizes multiple sclerosis.

\*

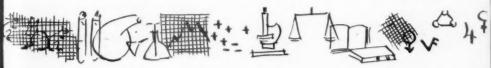
A record-breaking total of 211,680 physicians in the continental U.S. was revealed by the 1951 annual licensure report of the AMA.

\*

Retrolental fibroplasia, an eye disease unheard of 10 years ago, is now the cause of blindness in an estimated 650 American infants each year, Dr. Edward R. Schlesinger of New York reported at the annual conference of the National Society for the Prevention of Blindness. Attacking premature babies, retrolental fibroplasia is characterized by swelling of the retina and clouding of the eye, followed by a growth of scar tissue in the back of the eye. Usually all sight is shut off by the time the baby reaches four months of age. Dr. Schlesinger said that the disease is far more prevalent among infants whose birth weight is less than 24 pounds. To date, no preventive measures exist.

de

Although there has been a decrease in infant deaths at ages from one month to one year of more than 80 per cent since 1915, deaths on



## When is a laxative Constipating?

Emptying the entire contents of the intestinal tract by violent purging is "unphysiologic" because "normal bowel movement cannot occur for perhaps two or more days after such an insult," has been well stated by a prominent physician.<sup>1</sup>

The gentle stimulation exerted by phenolphthalein, the laxative ingredient of Ex-Lax, persists to "soften and regulate the stools for several days." The colon is not left unaided after the initial action. There is no need for daily dosage even in the treatment of habitual constipation.

In Ex-Lax, this gentle-acting, stimulant laxative is biologically standardized for uniform efficiency and is incorporated in a chocolated base. Its pleasing taste makes Ex-Lax especially suitable for use during pregnancy and for administration to children. There is no sudden embarrassing urgency from the use of Ex-Lax, and sleep is not disturbed when the laxative is taken at bedtime.

The advantages of Ex-Lax as an effective, palatable laxative, that is easy to use at all ages, are recognized by many physicians who use it in their practice.

Professional trial supply, and literature, sent to nurses on request. Ex-Lax, Inc., Brooklyn 17, N. Y.

the first day have dropped only 31 per cent, and in the first 28 days, only 52 per cent.

\*

Distribution of isonicotinic acid hydrazide, one of the new anti-tuberculosis drugs, is now authorized by the Food and Drug Administration. Labels must state that the drug is "for use in the treatment of streptomycin-resistant tuberculosis, under close supervision of a physician."

About 2 per cent of all industrial absenteeism is caused by toothache, Dr. James M. Dunning of Harvard School of Dental Medicine reports.

\*

Death rates for heart, blood vessel, and kidney diseases have been steadily declining among women but have increased among men during the past 20 years. Although deaths from these diseases show a gain over the last 50 years, this is partly due to improved diagnosis and an aging population.

According to a USPHS survey, there are in the U.S. about 10,104,000 persons 14 years of age or over who believe that they have arthritis or rheumatism.

\*

A high speed camera for photographing the interior of the eye is now in production. It is expected to be of great value as a diagnostic aid in systemic diseases of arteriosclerosis, diabetes, hypertension, nephritis central nervous system tumors, and glaucoma. Series of photographs may be used to chart treatment progress.

Child

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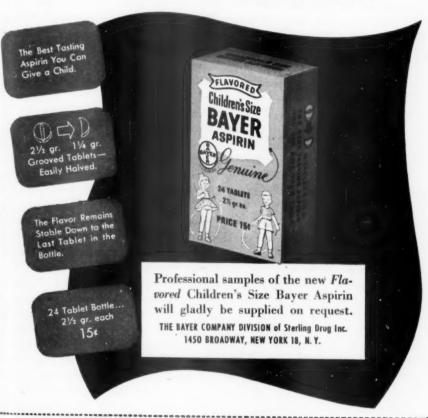
<sup>1.</sup> P. W. Brown: Current Therapy, 1950. Saunders, page 203.

T. Sollmann: A Manual of Pharmacology. Saunders, 1948; page 177.

The Makers of Bayer Aspirin Announce...

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FLAVORED CHILDREN'S SIZE BAYER ASPIRIN



Children take it without the least bit of fuss

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Swallowed Whole



Chewed Like Condy



Dissolved on Tongue



Or In Food Or Liquid

■ Two SIGNIFICANT LETTERS appear in this month's Debits and Credits. Both come from the state office of the Pennsylvania State Nurses Association. Both have received individual replies. However, because of the nature of these letters—a direct challenge to R.N. for a clear-cut explanation of editorial philosophy—this editorial is a presentation of the underlying principles that motivate those who formulate R.N.'s editorial policies.

R.N. is an independent magazine issued by a publishing firm of unquestioned integrity and ethical standards. We, who are R.N.'s editors, have a deep sense of responsibility to the profession we serve and to our publisher. The magazine's unique, independent position places upon us an obligation to be more analytical—and critical too when it is indicated—than any official publication would ever dare be. We deal in straight talk. We hope we are sufficiently mature to take such talk in return. We do not, however, applaud when charged with fallacious reporting. We go to great pains to substantiate every fact we present. In the area of opinion we give to our readers what in our judgment is the most unbiased and objective interpretation.

When a reporter, editor, or commentator, whether in the media of newspaper, magazine, radio, or TV, is truly conscientious, his first and foremost desire is to get the news to his audience as soon and as accurately as possible. In many instances routine reporting needs no interpretation. But if we permit, in the name of objectivity, everything in the realm of journalism to stand on its own and let the reader make up his own mind, are we being honest? Do we know how many readers have the personal knowledge to know the difference between special interest propaganda, half or whole untruths, or even unequivocal ignorance? Elmer Davis, one of our foremost news commentators, leads the fight for what he calls "three-dimensional" reporting. He believes much of what we read is one-dimensional whereas truth has three dimensions or more.

The reaction of responsible nurses to R.N.'s frank editorial policy, the repeated demands for continued interpretive reporting, strengthen

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## **EDITORIAL POLICY**

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our convictions that nurses want "three-dimensional" coverage—the two additional dimensions supplied by the evident facts not by the reporters' or editors' personal or professional prejudices.

What is R.N.'s platform, we are asked? It is primarily our objective to support and instigate action that enables the nursing profession to meet adequately the nursing needs of the American people; to support and instigate moves that provide protection, stimulation, and opportunity for the practitioners of nursing; to support and instigate policies in attaining these objectives.

We are unalterably opposed to the policy of thinking for the nurse. We believe nurses are being told too much what is planned for them rather than being asked what they want done. We have a sincere respect for the average nurse's fairness, capacity, judgment, and ability to act with decision once she is well informed and has a direct avenue through which to express herself. We wish to inform, not lead.

R.N.'s editors do not come out against programs—rather we study their objectives and methods, evaluate, if possible, their results—then we report to our readers what we find. When we describe what appear to be weaknesses or pitfalls, it is not being against a program, but against some practices or aspects of the program.

We report on professional activities and new developments in our own and allied fields. Articles are selected for publication not to bear out our own personal viewpoints, but with the idea of bringing the greatest possible benefit to the greatest possible number in the space at our command. R.N. is fortunate in having available 24 hours a day the thinking of a considerable number of well-qualified professional advisers and two excellent consultants. No technical article is published without consultation with an expert in the specific field involved. As an example, the editor's analysis of the NLN bylaws (June, 1952) was done only after many hours of conferring with two top lawyers, specialists in membership organizations, and corporation law.

Despite criticism, at times, of professional [Continued on page 66]



An early print of Vienna's Fools' Tower shows that it has changed but little in 160 years.

## VIENNA - incubator of

■ THE SAYING, "Once a nurse, always a nurse" is certainly true in my case. I had not been inside a hospital in almost a year when I visited a friend in the American Hospital in Paris. But it was all I could do to keep myself from straightening her sheets, and adjusting the head of the bed.

Then I moved to Vienna, and one day when I was at the American Express office, I noticed nurses walking in an arched entryway of a very old, gray block of buildings. "What are nurses like here?" I wondered. "What hospital is this?" I crossed the street and found myself looking into a large court, lined with trees. A glistening white statue in heroic pose stood at the top of a long lawn, and on the benches sat several patients clutching gray wool capes around them. It was March and there was still a whipping Viennese wind.

This was a part of Vienna I didn't know. I had visited the palaces of the Hapsburgs. I had seen homes of composers: Mozart, Beethoven, Haydn, Strauss, Brahms, and a dozen



Delivery by horse and wagon harmoniously blends with the tower's ancient walls.

others who had given this city on the Danube the name, "Musical Vienna." I had stared (without being able to help myself) at the Russian soldiers, who along with the English, French, and U.S. troops, made this city a kind of armed camp. Under the influence of "The Third Man," I had also visited the Café Mozart and found it a quiet, somewhat dull place, where, on the sur-

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## modern medicine



The Fools' Tower or Narrenturm which now serves as a graduate nurses' residence.

face, the Viennese read their papers and drink their caffé espressos rather than plot international intrigues.

Now, standing in front of this old building, my sightseeing curiosity and interest in nursing were again aroused. Surreptitiously, I followed a nurse through the arched gate, almost expecting the bristling portier to ask me my business. He let me pass, however, and I walked until I was lost in a maze of courtyards as complicated as the Pentagon. Every stone of the rambling two-and three-story structure looked as though it could tell a tale.

My guidebook, which informed me that this was the Allgemeines Krankenhaus, Vienna's city hospital, associated with the world-famous Vienna Medical School, led me to investigate further. At the hospital offices I met Doctor Leopold Schonbauer, director of the 3,000-bed hospital and an eminent surgeon and authority on medical history, and Oberschwester Angerer, the directress of the nursing school and a leader in nursing education.

The Oberschwester, who wore her dark blue uniform cape with grace, had a commanding appearance; she spoke English slowly with only a trace of an accent. "Our hospital is very old-not modern like the ones I saw in America," she said repeatedly. She was an Austrian delegate to the convention of the International Council of Nurses in Atlantic City in 1947. Naturally, she was proud of the Allgemeines Krankenhaus' history, and as we went from one building to another through the 95 acres of hospital grounds her stories gave me a colorful glimpse of the pageant of medical history that has taken place within these walls.

In one of the dozens of courts near a little outdoor shrine was the eye clinic—reportedly, the first in all of Europe, and probably the first

by Evelyn Thomson Pastore, R.N.

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The arched passageways permit a glimpse into the inner courts where nurses of the Allgemeines Krankenhaus promenade.

established in the world. As we entered the obstetrical clinic, the Oberschwester asked me if I knew that Semmelweis, working here in the last century, had found the cause of puerperal fever. It seems that the medical students and professors used to go from the dissecting rooms to the maternity wards without even stopping to wash their hands. The mortality rate dropped astoundingly after Semmelweis instructed the doctors to rinse their hands in a solution of chloride of lime before touching the patients. I think the story I liked best though was about a Doctor Auerbrugger who worked at the Allgemeines Krankenhaus toward the end of the eighteenth century. The son of an innkeeper from Graz, he had often watched his father test casks of wine by knocking on them. When he became a doctor, he thought: "Why can't we test the human body in the same way?" As a

result of his ingenuity, percussion has become one of the most important diagnostic tools available to the medical profession.

It is impossible to mention all of the great medical men who walked through the courts of the Allgemeines Krankenhaus, and whose work helped to make modern medicine what it is today. There was Rokitansky who contributed so much to pathology, Skoda who worked in



medicine, and Hebra of dermatology fame, Turck who designed the first laryngoscope, and Schuh who first used chloroform for operations, and many others. Men such as these gave Vienna its medical reputation, and brought doctors from all over the world to study here. It is evident, too, that this reputation still remains. There are some G.I. medical stu-

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dents here now, and after World War II, several thousand Army doctors came to Vienna for special courses.

After we had covered most of the hospital, Oberschwester Angerer said, "I would like to show you one of our nurses' quarters." She took my arm to direct me to the left through an arch where the gray plaster had crumbled from the wall and the underrock was exposed. "I

think you'll find it very unusual," she added.

"Quarters," I asked, "do you have more than one?"

"Oh yes, we have many. We have 1,600 nurses altogether-students, nurses with diploma (the common European designation for R.N.), nuns, and practical nurses. Since we have to fit our needs to these ancient

September R.N. 1952

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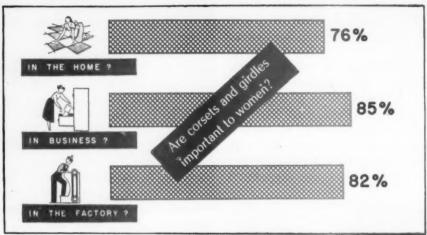
buildings, our nurses' quarters are scattered—once again not like the hospitals in your country."

In my own wanderings, I had not found that part of the hospital where the nurses lived. It was across a broad avenue, hemmed in by a tall wall. As we came out of the arch onto a road that twisted over a slight rise, a huge, round, vinecovered building dominated the scene. "Now what do you think of that for nurses' quarters?" The directress was watching me for a response. I don't know whether I gasped audibly or not. The tower looked like a cross between a fortification, a jail, and an arena. With its heavy walls and narrow windows, it was like the feudal palace forts that dot the Austrian hillsides. Oberschwester Angerer then told me its history.

The tower was built in the eighteenth century as a place of confinement for the mentally ill of Vienna. In those days [Continued on page 82]

The setting doubtlessly is romantic, but the instruction necessarily remains scientific in Vienna's historical city hospital.





Courtesy, Corset and Brassiere Association of America

### Foundations for Health

■ MOST MEN are convinced that women wear foundation garments strictly for reasons of vanity. So successful has been the corset and brassiere industry's effort to glamorize foundations that probably most women think so, too.

Yet it's a statistical fact that American women own, on the average, slightly less than one girdle or corset and but two brassieres.

To the corset industry, knowing fashion-minded America, this combination of facts just doesn't make sense. So the industry decided to conduct a survey to determine what reasons, other than fashion, make it advisable for women to wear foundation garments.

Fact Finders Associates, an independent research organization, undertook the task of questioning medical and nursing authorities, personnel directors of retail stores, and industrial plants employing large numbers of women.

"Are corsets and brassieres important to women?" the authorities were asked. "Essential!" replied better than 85 per cent.

Then Fact Finders asked why.

"Foundation garments contribute to a woman's good health," replied 84 per cent. "They help to safeguard against fatigue," said 90 per cent. "The wearing of foundation garments contributes to the efficiency of a business or factory employe," declared 87 per cent.

Fact Finders' general conclusion: Whether a woman is conscious of it or not, she wears foundation garments for the sake of her health, as well as her silhouette.

The teen-ager needs support primarily for sports and exercise. Her muscles are firm enough so that she requires no "holding in." The lightest

of garments is sufficient to smooth protruding bumps and refine youthful curves.

The more mature woman's foundations must restrain tissues and flesh, act as a supplement to muscles which have lost their tone. Commented one doctor: "Too many women shed their foundation garments when they are doing housework. The average woman needs a girdle and brassiere with plenty of support to prevent straining her muscles when she is lifting, bending, reaching, and stooping during the

#### by Mary Osborne

routine of household tasks. And any woman engaged in particularly tiring activity—the clerk or nurse, for example, who is on her feet for long hours—needs the support of a correctly fitted foundation to lessen fatigue."

Many a corsetiere will advise you to wear your most supporting, controlling foundations at home and at work, when you are least conscious of appearance. Save the lightweight girdles and brassieres for dress-up wear, they suggest; you're more likely then to remember to stand tall and sit tall.

Does a woman become too dependent upon her girdle through around-the-clock wear? Not unless she gets no exercise whatsoever! Foundations do their best work in conjunction with exercise. Both are excellent proportion-adjusters, and it is proportion-more than weight—

that makes a figure either handsome or unattractive.

Women are generally more inclined to wear ill-fitting brassieres than ill-fitting girdles, the industry believes, probably because they so often buy bras over-the-counter instead of having them properly fitted. Yet the woman who "can't spare the time" for fitting may well be endangering her health. A too-loose brassiere, with its lack of support, may lead her to slouch or to hunch up her shoulders. The too-tight brassiere restricts freedom of carriage.

Consider these points, the bramakers suggest, when buying a garment to refine your around-the-bust measurements: Is the cup large enough to prevent crowding of the breast, yet fitted snugly enough so that you feel its support? Do the straps lie flat, without cutting into the shoulders? Does the band fit snugly without constriction? Does the garment flatten the breasts, or are the cups comfortably deep enough to provide uplift?

Major points to be considered in the purchase of a girdle are these: Is the garment long enough to prevent a roll of flesh at the thighs? Is it high enough at the waist to provide abdominal support commensurate with figure needs? (The tall girl must be particularly careful to buy garments that are long enough.) Does it fit smoothly, snugly, yet without pinching? Do the bones, if any, curve with the body—not cut into the flesh?

Many a woman shies away from wearing an [Continued on page 59]

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■ THE PROBLEM of helping modern children accrue the benefits of our present day health knowledge is a complicated procedure, demanding a wide range of information concerning normal child growth and development. As one observes the children in the schools of this country, many are seen who are obviously below par in physical efficiency. These children are not necessarily sick children; in

fact, they are generally among those considered to be normal. However, one cannot help wondering what would happen if these frail youngsters were to eat a really well-balanced diet every day, receive an adequate amount of sleep, and be placed under good medical supervision. In addition to the physical needs of children, security and affection play almost as great a part in their devel-

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opment as food, rest, activity, and freedom from infections. The modern concept of school nursing concerns itself with all these needs. Such concern is as different from the early concepts of school nursing as modern education is from the three R's.

More and more the school nurse of today is expected to understand the problems which children often bring to school from their homes and communities which make school progress difficult. She should know how to counsel parents and teachers in such a way as to help reduce these pressures at home and school. Illustrative of this is John, a boy of 8, with an I.Q. of 110, who just isn't getting along with his peers or making normal progress in his work at school. He bothers the teacher and is in every way a discipline problem. The causes of John's problems may be many. Often the family feels that the

chance to grow in an entirely normal little boy way. This does not mean that the school is not also at fault in trying to treat John in the usual way when he himself knows he doesn't feel like other boys of his age. Solving John's problems, or even finding why he has them, is not a simple matter, but nurse, parents, teachers, and others all have a contribution to make.

The idea that a nurse might have a contribution to make in a school situation dates back to about 1902 when Lina Rogers demonstrated to the New York City schools that when a child was excluded from school for a communicable skin disease, a nurse could greatly cut the time lost by the child by teaching the mother how to clear the condition with early treatment. So great was Miss Roger's success that within a year several nurses were added to the school staff and

teachers pick on him and that at home he isn't much of a problem. Even so, the parents are worried about his poor report cards, little realizing that they too pick on him; that they may never really have wanted John; that their own frictions, between father and mother may upset him; or some other situation in John's home life has not permitted him to feel loved and wanted and have a

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## THE AMERICAN SCHOOL HEALTH ASSOCIATION'S PROGRAM OF PREPARATION FOR FULL-TIME SCHOOL NURSES

#### Personal Qualifications

- A. Pleasant, adaptable personality
- B. Integrity, sensitivity, and ability to work with others
- C. Interest in and understanding of children
- D. Interest in adding to her preparation for increased efficiency in the program she is expected to carry out

#### Professional Preparation (Paraphrased)

- A. Graduation from an accredited school of nursing and currently licensed by the state in which she wishes to practice as a professional nurse
- B. Adequate preparation in pediatric nursing
- C. Bachelor's degree with 20 hours of Education, Sociology, or Public Health
- D. If a well-prepared nurse is not available, one eligible and willing to work for a degree may be employed

#### Supplementary Work

- A. Course instruction and field work in school nursing
- B. Instruction in organization and philosophy of public schools
- C. Human growth and development with special attention to school age children
- D. Health education
- E. Techniques of counseling
- F. Nutrition
- G. Epidemiology
- H. Social case work
- I. Psychology
- J. Mental hygiene

school nursing was launched. From the idea of having physicians and nurses in the school for the purpose of helping to control communicable disease, the scope of their work now covers the many areas in schools and communities where the health of the school-age child is affected.

Recently, the National Organization for Public Health Nursing announced that there are approximately 6,000 school nurses in the U.S. employed by Boards of Education, with many other nurses working in schools but employed by local health agencies. The term now more commonly in vogue than "school nurse" is "nurse serving the school." Three out of every four public health nurses give some service to the child of school age.

Perhaps the most important function in the field of school health is the provision of a graded health and safety education program for parents and children. This education should include contributions from the entire health service program so that children and parents may better understand why each service is given and what each includes. Motivation for an interest in vision, hearing and growth are all to be found in the various screening programs offered or required in the school. The nurse should be able to guide the teacher in such instruction; help to provide useful material on health subjects; and plan with the teacher when screening programs are to take place. Who does the actual screening of the children varies in different areas. Usually the [Continued on page 78]

# TEXTURE IS THE NEWS in FALL FASHIONS

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## says Francia Hughes

• The thing that stamps clothes unmistakably new this Fall are the smart new fabric-textures! They're in coats, suits, dresses—an open season for talented masqueraders. Look for soft wool jerseys pretending to be men's wear flannels; wool knits you'd swear were pebbly woven

tweeds; man-made fibres that not only outshine boucléwoolens in looks but in deeds; wear like iron; keep ever fresh.

++++++++

≪Let master-tailor Handmacher apply his perfect cut and tailoring to that miracle fabric, Dacron (blended with rayon and acetate for resilience and eternal freshness), and you get a "Suitmaker" for \$35, that easily tops most other suits of twice the price! Proof's in the curve of the jacket; the dash of the skirt; the arch of the pockets; the ease of the open collar; and the texture of the fabric—perfect facsimile of a costly wool bouclé. In sizes to 20.

For names of stores nearest you carrying fashion items you want, write makers listed on page 98.



### Texture Gives New Character to Coats

A trick of texture gives Sportleigh's pinpoint woolen greatcoat, above, its pleasantly interchangeable character, makes it as smart in town as it's correct for the country. Also newsworthy: the push-up lantern-sleeves; the slit-back cowl collar; the price, \$60. Poodle-cloth, \$5 more.

Add irridescence to soft-surfaced poodle-cloth and you've a really fine fabric for an elegant town coat. It's Sportleigh's princess, boasting a small, close collar for warmth; raglan sleeves to top all suits; and a nipped waist to accent a fine figure. \$60. Or, have it in fleece or broadcloth.

### Texture Gives New Dash to Dresses

Texture and color—banker's grey—combine to give this women's wear woolen, below, the look of men's wear worsted; while Henry Rosenfeld gives us Paris' new slim skirt and fringe-bordered panel for \$17.95.♥

A new texture-technique gives Wyner wool jersey the look of oxford flannel, making the important Judy 'n Jill dress, below, with shirred midriff, gathered skirt and smoky, pearl-buttoned bodice. In junior sizes, \$35.\*



September R.N. 1952



For the R.N. who carries her all in her handbag—and who of us doesn't—Park Lane's roll-top calf bag is a find for under \$11, comes in larger and smaller sizes too. The top rolls up like the top of an old office desk, reveals all, rolls back again.



In the race for new textures in hats, Morris Schacter provides a profile beret of speckled rabbit's hair-angora with a beguiling chin-strap-tie.

Instead of cloth—a new texture for bibs, too—Coro's gold coins and nugget-necklaces, worn two at a time, \$3 each. Bracelets, \$2 each.▶

## Shop Talk,

≪Knitwear, out to achieve a new look for Fall, triumphs with Jantzen's "Kharatweed," a 50% worsted, 40% Vicara, and 10% nylon-blend that defies moths, resists wrinkles, and washes like a dream. Jantzen named this stylish torso-top, "Tempter," a tribute to the new middy-length and the turtle-neck collar; makes it in 8 color-combines and sizes to 40.\$11.95.

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\*Corduroy has aped the texture of flannel so faithfully that Hansen gave it a name of its own, "Flannel Roy"; used it to make "Back Talk," a dashing Fall glove which sports a Flannel Roy back and a Nylasuede palm. Can be had for less than \$3.



## CAN DID COMMENTS-

### Getting the Most Out of Life

■ MANY PEOPLE do not seem to be getting much out of life today despite all the wonderful gadgets, scientific advances, higher education, and efficiency. We are not getting enough out of life because we are not putting enough into life. We are not putting enough of ourselves into it. Our awesome respect for science and all its trappings, and our yearning for comfort have damaged our respect for sacrifice; and sacrifice, the right kind, is as essential to life as oxygen, food, and water.

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In the health professions our eyes pop wide over the "miracles" that come via the laboratory and needle, and we forget the miracles good doctors and nurses have always wrought through practicing their arts. The practice of the art of medicine and nursing is less dramatic than its science, but it demands a greater investment of the personalities of doctor and nurse. Much of the new practice calls more for cold efficiency and book learning than for selfreliance, discipline, and above all, the spirit of sacrifice that dominated the old. Thus it robs the practitioner and profession of the birthright that differentiates it from an efficient assembly-line machine. Until we restore an abiding respect for the arts through which the sciences must operate, and meld science and art into a service that draws on the spiritual as well as intellectual resources of the practitioner, we are proceeding "against Nature."

Sacrifice can never go out of style for it is as much a part of a good life as breathing. It is an essential element in every helping profession, for these professions have purposes far beyond personal gain. "Sacrifice signifies neither amputation nor repentence," says Saint-Exupéry, "It is, in essence, an act. It is the gift of oneself to the being of which one forms a part." It has nothing to do with the needless sacrifices that so often have been exacted from nurses in the name of ethics and duty. Nor is it a form of penance, or of gifts offered to pagan gods in fear. Sacrifice is born of love, not fear. The man who kneels humbly before the altar with his gift is acknowledging his love for Someone far greater than himself.

We cannot reach our full stature as individuals or as a profession without sacrifice. Everything we have, our country, our families, our homes, our form of government, come because we invest our spirits as well as the work of our hands;

by Janet M. Geister, R.N.

sacrifice brings out our best and gives us the things that endure in our religion and education, in fact, in everything of value in our lives. And it brings rich rewards. Like the farmer who plows under part of his crop in order to get a better crop, we too get excellent returns for what we plow under into our own work. We cannot give without getting, or get without giving. In his essay on "Compensation," Emerson tells us there is a dualness in everything-there cannot be a bottom without a top, or a side without another side. "Love, and you will be loved," says he.

The medical profession is realizing the danger of too great an obeisance to the god of science. We find increasing signs of a return to the old values. A report to the Association of American Medical Colleges of "one of the most comprehensive surveys of the medical profession undertaken in the past 40 years," observes that "there is definite evidence of a growing concern for moral values. Faculties are becoming more aware of the importance of inculcating a sense of personal and social responsibility . . . and an interest in a service to one's fellow man."

We need that kind of awareness in nursing. We have a doublebarreled problem. The revolt of many nurses against the senseless and needless sacrifices that were commonplace in the past, has made many nurses cynical about any kind of sacrifice—and they are thus cheating themselves of some of the most beautiful rewards of nursing. "I gave three of my best years to the hospital," says one, "and I should worry over what happens to the patients on weekends and holidays." I doubt if anyone ever really gave three of her best years to anything without getting something rather wonderful in return. Lately I've been hearing a surprising number of nurses say, "I used to think our director was an old battle-ax for making us toe the mark so precisely. But as I watch today's scenes I'm mighty grateful that I had those lessons in discipline and self-control." But the cynicism is understandable. There is still too much of the old cry, "Nursing must be a life of sacrifice"-which translated means, "Don't gripe too much about your pay or we'll call you unethical."

Nurses must be better paid and better protected; we have a lot to do in that direction. But I think we must work just as hard to keep from developing a sense of self-pity and martyrdom. They are crippling, and they block off our thinking and actions by a picket fence made up of "I, I, I." We forget why we're here. No matter how big our salary checks may become, we are poor indeed if all our pay is in money. Emily Hicks, former executive of the New York State Nurses Association, looked down on the folded hands of a nurse who had died after 40 years of private duty. "She had little actual money," said Miss Hicks, "but she was the richest woman in Albany, in the love people gave her and in her deep joy of living."

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The other barrel deals with trends in nursing care. Like our colleagues in other professions, we are deeply impressed with science and go all out in that direction. But science is so limited! It can tell us what was learned by slide rule and test tube up to this morning, but tomorrow morning it may repudiate this "truth." In 1929, Einstein's theory of space was hailed as a possible answer to the great riddle, yet about 20 years later he rejected that theory in favor of a better one.

In the arts, the humanities, the truths are unchanging. Socrates cried, "Think!" and Christ pleaded "Be kind," and no one has improved upon or changed those grand lessons. The art of nursing calls for the same quality of discipline and sacrifice that has always prevailed, but in our awe of the science of nursing we tend to belittle the very art.

One of my friends hovered precariously on the brink of death for weeks. Later she said, "In the moments when I drifted back to consciousness there was always one of my nurses, watchful, ready, caring like all get-out about what happened to me. I simply rested body, mind, and soul in their hands. I hadn't known that that kind of human service was available anywhere on earth except at Mother's knee. That kind of nursing can never go out of style for people will always need it.

Oh, don't let your efficiency experts rule out or change it." Yet we see little in the plans for nursing that gives others as well as private duty nurses opportunity for such close contact with patients. More and more, do we hear that patients feel closer to orderlies and aides because the professional nurse has become so remote. Who hasn't heard expatients say, "I was in the hospital five days and never saw a professional nurse once?"

Nursing deals with people, not just their ailments. It must always, therefore, bear as heavily on the intangible moral values and sense of service as upon tangible skills and efficiency. Its moral tone reaches its highest point when its practitioners are imbued with a sense of dedication and giving of self. Two things in particular can influence this adversely: one, rebellion against inadequate pay and inequitable practices can create a cynicism and despair that deter the development of a sense of service and of giving—it is our duty to remove these deterrents: two, the present drive toward "efficiency" can so separate the nurse from the patient that there is no opportunity for the nurse to give of herself. In my opinion this is a grave matter for it deprives the nurse of her opportunity for developing her fullest spiritual stature. Nursing has in it all the qualities that make for a full. rich life. Our educators and leaders have a serious responsibility to see that this goal is achieved.



Photo, courtesy Rockford Morning Star

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## "Get Lost" - in a hobby

by Marion Howell Smith, R.N.

■ OURS IS ONE of the most difficult jobs in the world—also one of the most rewarding. As nurses, we must be all things to each new patient under our care. We are expected to be the very essence of diplomacy, paragons of strength and of learning. Regardless of the personal trials and tribulat ans that beset us, we must become selfless before our patients—showing them that their wishes are our sole concern.

The easiest way of cultivating the

art of forgetting oneself and establishing rapport with patients is to acquire outside interests, find a hobby, develop hidden talents. I suggest that you "get lost" when you are off duty, in order that you may return refreshed, relaxed, and eager for your next assignment.

Hobbies don't have to be expensive projects; in fact, some hobbies may cost you nothing. For example, take cooking. Everyone needs to eat, but not everyone actually knows how

to cook. Why not specialize in foreign cookery? Get recipes from friends, neighbors, magazines, and books. Cut out illustrations and compile a scrapbook. Solicit recipes from your many patients of different nationalities, and see how pleased and flattered they are. Immediately you have established a firm basis for confidence and cooperation.

Foreign languages offer a profitable and inexpensive pursuit. Public libraries have complete courses, including recordings and accompanying text books. Even if you just learn to read the French menus that one so frequently encounters in the nicer restaurants, you will be repaid for your effort. But think how rewarding, too, will be the help you can give a patient of foreign birth. His apparent delirium may be—to your educated ears—the understandable speech of the very ill, and you will be able to respond to his needs.

Nurses in the Army, Navy, and Air Corps go everywhere. How gratifying to be in a position to speak the language of the people in whose country you suddenly find yourself. During my three years in Italy and Germany directly after the war, while my husband served with the Army of Occupation, I learned how helpful a knowledge of languages can be in establishing friendly relations. Apprehension, misunderstand-

ing, and hatred flee when language is no longer a barrier.

Another hobby that pays big dividends in understanding is voice culture. To many patients the nurse is just a voice until the veil of weakness lifts and they look about. A voice that is not what it is "cracked up to be" can be a trial to one's nervous system. On the other hand, a well modulated, soft voice can dissipate tears and fears. Diligent work with a reputable voice teacher will bring you a lifetime of pleasurable recompense. This course of study may go hand in hand with the study of foreign languages or musical appreciation. More than ever before, good music is coming into its own as therapy in hospitals.

Skill in reading aloud and story telling can also be acquired with study. You may bring complete forgetfulness to a suffering child as he becomes engrossed in the adventures of your imagination. If the strain of making up your own tales is too severe, the library will furnish you with appropriate material for a specific age group. Too many tots must be content to divert their minds by the sight and sound of flying knitting needles at their bedside. This takes little imagination and is hardly a commendable or rewarding pursuit for the patient.

As a hobby [Continued on page 55]



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## ----REVIEWING THE NEWS----

▶ INVOLUNTARY RECALL: Active military service is in the offing for 500 Reserve Army nurses and 125 Reserve women's medical specialists. The call-up, necessary to replace those about to be released from active duty, will begin February, 1953, and will continue for three months. Mrs. Anna M. Rosenberg, Assistant Secretary of Defense, has directed the National Advisory Committee of the Selective Service System to assure that no person essential to national health, safety, and interest will be obliged to leave her civilian job.

► COURSES AND MEETINGS: The New York Hospital-Cornell Medical Center will hold a series of five institutes for physicians and nurses on the Care of Premature Infants. Sponsored by the New York State Department of Health and the U.S. Childrens Bureau, the institutes are slanted to meet the needs of those in charge of hospital premature nurseries and medical and nursing consultants in premature infant care programs. Institutes are scheduled for Sept. 15-Oct. 10; Oct. 27-Nov. 21; Jan. 5-30; March 2-27, and May 18-June 12 . . . A program leading to a bachelor of science degree in nursing with a major in psychiatric nursing will be initiated at the State University of Iowa this fall. Applications for the course are now being taken; the program is open to registered nurses, the length of time required to earn the degree depending upon the student's previous education and experience. Applicants should, preferably, have had some working experience in psychiatric hospitals . . . Graduates of Chicago's Cook County Hospital, Michael Reese Hospital, St. Luke's Hospital, and Presbyterian Hospital may enrol in the continuation study program leading to a degree of bachelor of science in nursing which is being inaugurated this fall by the University of Illinois. The program will consist of four semesters, plus one summer session or half-semester of eight weeks . . . Three seminars in physical rehabilitation methods for nursing will be offered by the Institute of Physical Medicine and Rehabilitation, New York University-Bellevue Medical Center. Dates of the sessions are Dec. 1-19, 1952; March 2-20, 1953, and May 18-June 5, 1953. Tuition is \$60. Application forms and further information may be obtained from Miss Edith Buchwald, Director of Rehabilitation Courses for Physical Therapists, Institute of Physical Medicine and Rehabilitation, 400 East 34th St., New York, N.Y. . . . 5,000 professional public health workers are expected to attend the 80th annual meeting of the American Public Health Association and the annual meetings of 38 related organizations, Oct. 20-24 in the Public Auditorium, Cleveland . . . The annual meeting of the National Federation of Licensed Practical Nurses

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has been scheduled for Oct. 13-16, at the Hotel Kenmore, Boston . . . The 40th National Safety Congress and Exposition will be held in Chicago, Oct. 20-24 . . . The 54th annual convention of the American Hospital Association will meet Sept. 15-18 in Philadelphia. The American Association of Nurse Anesthetists will also convene during this period for its 19th annual meeting which will be held in conjunction with the AHA convention. AANA headquarters will be at the Penn Sheraton Hotel.

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- ► GRANTS totaling \$73,000 were received by the National Association for Practical Nurse Education at its eleventh annual convention. The grants will finance a three-year study designed to help meet the need for nursing service in patients' homes. The Samuel H. Kress Foundation, New York Foundation, Milbank Memorial Fund, and the Jesse Jones Foundation were among the donors of the grants.
- ▶ CAPITOL COPY: An act increasing Social Security payments to those on old-age and survivors' insurance rolls by at least \$5 per month has been passed by Congress and signed by President Truman. The act specifies that earnings of those receiving pensions may go to as much as \$75 a month; earnings had been held to \$50 a month . . . An

all-day hearing was conducted by the Ways and Means Committee of the House of Representatives on the Reed- Keogh bill, a proposal to amend the revenue laws to give income tax relief to self-employed persons while they are establishing voluntary pension funds. Among those supporting the bill were representatives of national medical, dental, and legal organizations . . . The National Institute of Practical Nursing, Washington, D.C., has been ordered by the Federal Trade Commission to cease representing itself as a school where training is "complete" and enrollees are qualified for regular duty as practical nurses. The FTC inveighs against using the term "practical nurse" to "refer to any person who has not satisfactorily completed a course or curriculum of instruction in practical nursing of not less than nine months of 40-hour weeks of supervised instruction, of which a substantial amount is in an institution for the care of the sick." . . . At an estimated cost of \$1.4 billion, 1,810 approved Hill-Burton projects covering 86,883 beds and 341 health centers were reported as of May 31, by the USPHS hospital facilities division . . . Health agencies may obtain advice on health guidance of the elderly from a new program on hygiene of the aging which has been set up by the USPHS . . . The annual survey of accident and health



September R.N. 1952

coverage in the U.S., published by Health Insurance Council. revealed that, on Dec. 31, 1951, 85,991,000 persons were under hospital expense protection, 65,535,000 held surgical care insurance, and 27,723,000 medical care insurance. Compared with 1950 estimates, this represents increases, respectively, of 12, 20, and 28 per cent . . . The Nurse in Civil Defense, a 50-page booklet published by the Federal Civil Defense Administration, may be procured for 20 cents from the Superintendent of Documents, Washington 25, D.C.

► ABOUT PEOPLE: Lucile Petry, Assistant Surgeon General and Chief Nurse Officer of the USPHS, and Dr. Nicholas C. Leone, research worker at the National Institutes of Health, Bethesda, Md., were married in June . . . Appointed ANA assistant executive secretary for research and statistics, Mrs. Doris Reed was formerly sales analyst and statistician with the Hanser Sales Co., New York. Another ANA appointment names Mrs. Judith Gage Whitaker as associate executive secretary. Mrs. Whitaker will be responsible for coordinating ANA Sections, directing the orientation program for state nurses associations and ANA staff members, coordinating the field work of the ANA staff, and carrying out ANA headquarters procedures . . . "Woman of the Year" in Emporia, Kans., is Mrs. Earl Stout, director of nursing at Newman Memorial County Hospital . . . The University of Michigan announces the appointment of Mildred I. Quackenbush as assistant professor of nursing in the School of Nursing and supervisor of operating rooms at University Hospital . . . Capt. Elinor Virginia Smith will fill the newly created position of Chief Nurse of First Air Force . . . Mary K. Pratt has been selected chairman of the Visiting Staff Association of New York's Visiting Nurse Service . . . The joint positions of dean of Cornell University-New York Hospital School of Nursing and director of the New York Hospital Nursing Service, both of which were held by Virginia M. Dunbar, have been separated. Miss Dunbar continues as the head of the school and Muriel Carbery has become director of the nursing service . . . Bronze Star Medals have been awarded to Lt. Comdr. Estelle E. Kalnoske Lange, NC, USN, and Capt. Florence C. Brandvold, ANC. Lieutenant Commander Lange is credited with providing outstanding nursing service to the sick and wounded as chief nurse of the naval hospital aboard the "U.S.S. Consolation." Captain Brandvold was honored for 13 months' service with a Mobile Army Surgical Unit in the combat zone in Korea.

NURSES RESPONDED to the Midwest floods this spring with their usual alacrity in the face of disaster. More than 250 nurses, including 18 student nurses, volunteered to help staff ARC shelters established as temporary living quarters for evacuees. Volunteer nurse vice-chairmen worked long hours to

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recruit nurses and make necessary nurse assignments, and Red Cross nurses who had previously served on polio assignments staffed a special isolation unit set up in Council Bluffs, Iowa, where measles, mumps, and chicken pox were discovered. In addition to ARC staff nurses and volunteers, nurses were loaned by visiting nurse associations, public health agencies, industry, the Metropolitan Life Insurance Co., and others.

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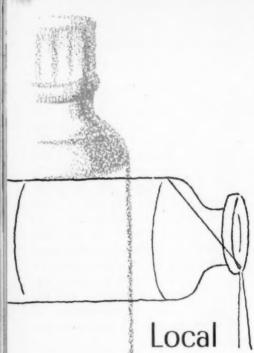
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- ▶ A NEW JOURNAL, Nursing Research, made its appearance in June. This quarterly, which reports current and completed scientific studies of nursing and carries articles on the methodology of research, was published under the supervision of the Association of Collegiate Schools of Nursing by the American Journal of Nursing Company. Helen L. Bunge, dean, Frances Payne Bolton School of Nursing, Western Reserve University, is chairman of the editorial board.
- ▶ THE WINNER of the 1952 Mary M. Roberts Fellowship Award in Journalism is Anne Rice, supervisor of public health nurses of the Baltimore County Health Department. Miss Rice's winning manuscript was entitled "Geriatrics and I." A former schoolteacher, Miss Rice attended Western Kentucky State Teachers College and Washington University School of Nursing, St. Louis, Mo. She also holds a master's degree from Columbia University and intends to make use of the award for further

study at that institution. Courses in writing feature in her plans.

- THE ANC IN JAPAN is teaching American nursing methods in over 200 schools. As a result, Japanese nurses, formerly regarded as inferiors, are gaining in dignity and prestige. The program, started in 1945 by Maj. Grace Alt, Baltimore, is now under the direction of Maj. Edith Aynes, Milwaukee. Since the program was begun, the Japanese Ministry of Welfare has established a nursing section which requires all nurses in training to pass the National Nurses Examination, and the Nurses Association 80,000 members has been accepted into the ICN.
- ▶ R.N.'s PREDICTION of the "birthing" of a fourth national nursing organization (R.N., July, p. 32), based on the psychiatric nurses' unfulfilled request for section status at the recent Biennial, was scarcely off the press before a national psychiatric nurses' organization was announced in Illinois. The newly-formed Group for the Advancement of Psychiatric Nursing, which came into being-suitably enough—on Independence Day, 1952, is formulated for the purpose of surveying and studying various fields of knowledge and interest within and related to psychiatric nursing. Nurses wishing to join GAPN must be ANA members. The pro tem officers of the so-called interim organization are Margaret McConvey, chairman; Muriel Young, R.N., secretary; and Frances Hoover, treasurer.



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In this country, one of the earliest and most famous exponents of cleanliness as a method of solving the sepsis problem was Oliver Wendell Holmes, the literary physician of Boston. Although Dr. Holmes annoved a great many doctors who resented the implication that their hands were unclean, he was convinced that puerperal fever was transmitted through the examining physician's hands. The washing of hands and changing of clothes after leaving the dissecting room and before examining obstetrical patients, he pointed out, could materially reduce the maternal mortality rate.

In Vienna, in the same century,

## anti-infectives

■ THERE WAS LITTLE doubt as to the outcome of surgery in the years preceding antisepsis. Chances were, even if the operation itself were successful, the patient would eventually succumb to septic complications. As late as the nineteenth century, the high surgical mortality rate led one eminent surgeon to remark that patients on the operating table faced danger as great as that encountered on the battlefield.

Fortunately, there were men in this same century who were not content to accept the surgical statistics as ordained and unchangeable. In spite of the barriers of ignorance and the scorn of professional colleagues, these physicians tried to find weapons that would strike directly at the the value of this concept in terms of human lives was dramatically shown by Ludwig Ignaz Philipp Semmelweis. Upon determining that medical students carried the infective matter from the dissecting room to their maternity patients, Semmelweis ordered that both students and doctors wash their hands in a chloride of lime solution before entering the maternity wards. Under the new regime, the mortality rate dropped from 18 per cent to 3 per cent and later to 1 per cent.

But, however promising these findings were for the future of obstetrics and surgery, there was still no scientific explanation of why cleanliness was essential to the success of the operative procedure. Florence Nightingale was a strong believer in cleanliness, fresh air, and sunlight in the care of the sick—in fact, she proved her thesis well at Scutari in 1854 but even Florence Nightingale did not completely understand why patients thrived better in a clean environment than in the presence of filth.

It remained for Joseph Lister to reveal the real reason for scrubbing hands before surgery or before attending women in childbirth. For Lister, unlike Semmelweis who discovered a way of preventing puerperal fever by eliminating all other environmental causes, sought to ward off wound infection by going to the scientific heart of the matter. Apply-

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ing the principles of Pasteur, who had shown that fermentation and putrefaction in wine resulted from the presence of micro-organisms, Lister deduced that pus in wounds was due to putrefactive action of organisms in human tissues. If organisms could be prevented from developing, infection might be halted, and the wound might heal cleanly.

What could be used as a preventive? Pasteur had demonstrated that organisms in a liquid could be rendered inactive by heat. But obviously, heat could not be applied to human tissues. Finally, Lister decided that chemical antisepsis in the form of carbolic acid was the answer. That this treatment method was justified was proved by his published results

of eleven operations on compound fractures of the leg. This type of fracture almost always necessitated amputation because of the resultant infection. However, Lister's statistics on the operative cases showed nine recoveries, one amputation, and only one death.

Although at first Lister employed a carbolic acid spray to kill the germs in the air—which he considered the chief source of infection—he later abandoned this practice. As antiseptic and aseptic techniques developed, attention was increasingly given to the real sources of bacteria—the instruments and the hands of the surgeon.

As a result of Lister's work, and that of his followers who persisted in the face of indifference and hostility, the scientific case for antisepsis and asepsis in surgery was finally settled. Lister might be momentarily surprised were he to see the elaborate sterilizing equipment, the chemical antiseptic solutions, and the operating uniform of cap, gloves, mask, and gown in our modern operating rooms, but there is no doubt that he would readily grasp the necessity for their presence.

The changes that have occurred in the period from Lister's death in 1912 to the present day merely reflect improvements on Lister's basic concept of antisepsis. Today, as sterile an environment as possible is provided for the operative patient. Instruments, dressings, and all paraphernalia which have contact with the wound are rendered completely free of organisms—or aseptic. The

surgeons' and nurses' hands are scrubbed with antiseptic solutions and then encased in sterilized rubber gloves. Only the skin of the patient is not entirely sterile or aseptic. But even this source of infection is rendered almost harmless through the application of skin antiseptics or disinfectants which, although they do not kill all organisms, check the growth of or destroy disease-producing bacteria.

As far as chemical antiseptics or disinfectants are concerned, we have come a long distance from the Listerian days when carbolic acid or phenol was considered to be the most important antiseptic in the operating room. Now we employ a number of antiseptic preparations during the surgical procedure. Before discussing a few of these solutions, it might be helpful to clarify some of the terms used to describe them.

Technically speaking, the antibacterials, fungicides, and antiprotozoan agents may be classified as local antiinfectives. Among the antibacterials are disinfectants-also called germicides and bactericides; antiseptics, and antibiotics. Although antiseptics, in the strict sense of the word, are bacteriostatic or growth-preventing agents, it is difficult to distinguish between them and disinfectants which actually destroy or remove dangerous or infective bacteria. For example, antibiotics may act as disinfectants and/or antiseptics. Also, the division of these chemical agents into two separate classes may depend more on the strength of the solution than on the substance itself. This latter

point is of particular significance.

Several tests have been devised to evaluate the disinfectant and antiseptic properties of various chemical substances, but these are not entirely satisfactory. The N.N.R, criteria for skin disinfectants include: "(1) Phenol coefficients or other in vitro tests in the absence and in the presence of serum, using both vegetative bacterial cells and clostridial spores . . . (2) Data on germicidal efficiency under conditions simulating actual use . . . (3) Data on germicidal efficiency by an animal method . . . (4) Evidence from animal experiments regarding irritant action on skin and mucosae and regarding systemic toxicity. (5) Critical clinical evidence supporting claims of harmlessness and efficacy. (6) Data on the bacteriostatic activity as distinguished from the germicidal activity of the disinfectant,"1

Perhaps the testing term we associate most intimately with the disinfectants is "phenol coefficient." As its name implies, the phenol coefficient of a disinfectant is its strength compared with that of phenol acting on the same organism for the same length of time. Most of the modern antiseptics, it is reported, have phenol coefficients ranging from 500 to 1,000. This procedure, however, has the disadvantage of not showing the efficacy of disinfectants under certain conditions. That is, one disinfectant may be much more active than phenol against one organism but of less value against another. Moreover, the agent tested may be effective in an aqueous solution but totally ineffective in the presence of sputum, feces, or blood. These are just a few of the reasons why it is necessary to submit the substance to more practical tests involving both in vivo and in vitro experiments.

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in-52 What is the ideal disinfectant or antiseptic? According to the N.N.R. such an agent would show the following properties: "High coefficient of disinfection, stability, solubility, and penetrability even in the presence of organic matter. It would be highly bacteriostatic, but nontoxic, noncorrosive and nonbleaching. Antiseptics and disinfectants should possess nonspecific action on microorganisms." Although there cannot be said to be one ideal antiseptic or disinfectant, there are, as has been

previously indicated, numerous satisfactory preparations available for use in surgery today.

The derivatives of phenol (carbolic acid), which Lister employed in the latter half of the nineteenth century, constitute an especially important group of local anti-infectives, including as they do the cresols and diphenols. Cresols, which are closely allied to phenol and considered to be more powerful antiseptics and disinfectants, are usually prepared as emulsions or soapy solutions. Not only do they have the advantage of acting effectively in the presence of organic matter, but they also are hard-hitting weapons against acidfast bacteria. Their action, akin to that of [Continued on page 61]

## Probie



"NEVER MIND" !!!

## DRUG DIGEST

Nitromersol, N.F.

(Local Anti-infective)

PRODUCT NAMES: Metaphen.

PHARMACOLOGY: Used in the form of the sodium salt, the mercurial disinfectant nitromersol is considered to be more germicidal than mercuric chloride. However, like other organic mercurial antiseptics, it is not effective against sporulating pathogenic organisms. It is employed chiefly in the treatment of gonorrhea and other eye infections; for the cleansing of skin areas and mucous membranes; and for the disinfection of surgical instruments and rubber.

DOSAGE: Nitromersol solutions may be employed in varying concentrations. A 1:1,000 to 1:5,000 solution may be used for the disinfection of instruments; 1:1,000 to 1:5,000 for skin application; and 1:5,000 to 1:10,000 for ophthalmologic and urethral irrigation. Metaphen is available as a disinfecting solution for dental and surgical instruments; an ophthalmic ointment; a tincture—1:200; and solutions—1:500 and 1:2,500. The disinfecting solution for instruments is said to kill common nonsporulating pathogenic bacteria, except tubercle bacilli, in 10 minutes in the absence of much blood and exudate.

UNTOWARD ACTIONS: Nitromersol is reportedly nontoxic and nonirritating to the skin or mucous membranes. Although it does not harm instruments of glass, steel, nickel, monel metal, or chromium and nickel-plated instruments, it should not be used for disinfecting aluminum accessories, instruments containing glue or cement, or silk or composition catheters, or bougies.

#### Cetyl Pyridinium Chloride N.N.R.

(Local Anti-infective)

PRODUCT NAMES: Ceepryn Chloride.

PHARMACOLOGY: Cetyl pyridinium chloride, a quaternary ammonium salt, is a cationic detergent with surface active and antiseptic properties. Although it is effective against sensitive nonsporulating bacteria and fungi, it is not effective against clostridial spores. Because of its ability to penetrate intact skin and bacterial membrane, it is used topically for pre-operative disinfection of skin; in prophylactic antisepsis of superficial minor wounds; as postoperative dressings, wet packs, and irrigating fluids for wounds, burns, and empyema cavities; and as powders or vaginal suppositories in trichomonas, monilia, and nonspecific vaginal infections.

DOSAGE: Unbroken skin may be prepared for surgery with a 5- to 10-minute scrub using an aqueous solution of cetyl pyridinium chloride 1:100. The soap-alcohol-ethergermicide method of scrubbing requires the use of a 1:500 to 1:1,000 tincture as a germicide. When this method is employed, however, soap must be completely removed before application of the solution, for, like other cationic detergents, cetyl pyridinium chloride is rendered ineffective by the presence of soap. In the treatment of minor lacerations, 1:1,000 aqueous solutions, or 1:500 or 1:1,000 tincture dilutions may be used. Sensitive mucous membranes or large areas of exposed tissue call for greater dilutions, ranging from 1:5,000 to 1:10,000.

UNTOWARD ACTIONS: Cetyl pyridinium chloride is described as relatively non-toxic, nonirritating, and noncorrosive.



#### Hexachlorophene, N.N.R.

(Local Anti-infective)

PRODUCT NAMES: Gamophen, Germa-Medica, Hex-O-San, pHisoHex, Septisol.

PHARMACOLOGY: The topical use of hexachlorophene, classified chemically as a phenol derivative, and formerly known as G-II, is based on the ability of this substance to reduce bacterial flora and inhibit the metabolism of skin microorganisms. When incorporated in soap, only one of its phenolic groups is believed to be neutralized by soap alkali; the other remains free, retaining its antibacterial properties. According to N.N.R., gram-negative organisms are much more resistant to the action of hexachlorophene than are gram-positive bacteria. Hexachlorophene preparations are employed in pre-operative scrubbing, and pre-operative and post-operative preparation of the patient's skin. Continual use is reported to reduce the incidence of pyogenic skin infections.

DOSAGE: Concentrations of up to 3 per cent hexachlorophene in soap, detergents, creams, oils, and other vehicles are available. Best results are achieved when hexachlorophene is applied exclusively, for residual amounts adsorbed on the skin help to reduce the number of bacteria. The presence of blood serum or other organic matter decreases its antibacterial activity.

UNTOWARD ACTIONS: There is little evidence that hexachlorophene has an irritating or toxic effect on the skin.

#### Benzalkonium Chloride U.S.P.

(Local Anti-infective)

PRODUCT NAMES: Zephiran Chloride.

PHARMACOLOGY: Benzalkonium chloride belongs in the category of cationic surface active anti-infectives. Low surface tension solutions of benzalkonium chloride are detergent, keratolytic, and emulsifying, and germicidal for many nonsporulating bacteria and fungi in the proper dilution and after several minutes of exposure. The presence of organic matter and anionic compounds reduce its activity. Tinctures and solutions of varying concentrations are used for prophylactic disinfection of skin and mucous membranes as well as for treatment of infected wounds and superficial injuries. Surgical instruments and rubber articles may be stored in solution to preserve sterility.

DOSAGE: A tincture of benzalkonium chloride 1:1,000 is employed for pre-operative disinfection of intact skin and treatment of superficial injuries. Concentrations in other circumstances range from 1:40,000 to 1:1,000 depending on the areas involved. A 1:1,000 solution is used in the sterile storage of metal instruments and rubber articles, and a J:5,000 solution serves to disinfect operating room equipment. When metal instruments are stored, 0.5 per cent sodium nitrite is added to the benzalkonium chloride solution in order to prevent corrosion.

UNTOWARD ACTIONS: Effective concentrations of benzalkonium chloride are reported to have relatively low toxic or irritant properties.

"The Active"vith Cush-N-Crepe Sole



## just what the doctor ordered

for nurses

If you had a prescription for a nurse's shoe, this would be it. They're light on your feet, soft underfoot and designed to obey the "Quiet, Please!" signs in the corridor. Smartly styled in easy-toclean white elk with oh-so-cushiony soles.



aturalize

for nurses, travel can be most diverting and relaxing, and just as expensive or cheap as one desires. Few can afford to travel to foreign countries, so why not let the country come to you? Lecturers visit cities regularly. Their color slides and talks may give you insight into the customs and peoples of those countries far better than if you visited them personally. But if your yen for strange places and new faces will not be denied, what is to stop you from taking a temporary nursing post aboard a luxury liner in return for your passage?

For the stay-at-homes, there is always photography. You do not necessarily need the most costly camera for good picture taking. Color slides made from 35 mm. film will bring a world of pleasure both to you and your patients as they view your pictures through a hand projector.

Here, a word of warning. You must know your patient before discussing your hobby with him. If he has just realized he will never walk again, it will take a bit of adjusting before he can enjoy seeing or hearing of the activities of others more fortunate than himself. So do not cram your "hobbyism" down his defenseless throat. Supplant this with the seed of some stimulating project more within his grasp. Suggest writing . . . fiction, non-fiction, radio scripts, magazine articles. Creative writing will keep him alert and hoping for a break. Radio offers

numerous contests. The prizes are not the only goal, but each time he wins, his ego gets a boost that no shot in the arm could equal. The publication of short stories or a novel may mean the "road back" for your shut-in.

There are so many hobbies, it is impossible to cover them all. One of great importance that I must mention, though, is the breeding, training, and showing of thoroughbred dogs. Every man and boy, sick or well, loves a dog. Most families have them for pets, and any phase of the life of the animal will bring a new light to the eyes of a boy—no matter how severe his pain. What child can remain aloof to coaxing when he becomes aware of the stock of dog stories in your mental kit?

Possibly the greatest brotherhood is that of the Order of Collectors! Get your obstreperous patient to sound off on his collection, and he will have no breath left for faultfinding; in fact, he will sing your praises. Be a good listener, and the man will cure himself! Personally, I detested collections until I learned there were other things one could collect besides snakes, snails, bugs, bats, butterflies, dead birds, and worn-out dog collars. The same little brother that brought these unsightly messes into the house now envies me my stein collection.

There are much more valuable and lovely things to collect than steins, but although these are my chief outside interest I am constantly sleuthing for additions to my Meissen porcelain collection. The object of the

Pioneers ...



IRENE SUTLIFFE

THE kindly and brilliant personality of Irene Sutliffe continues to exert an ever-increasing influence upon the School of Nursing of New York Hospital Medical Center. It is difficult to express in words the hold that this remarkable woman had upon her graduates.

It was said that at one time they occupied every post of any importance in nursing and hospital administration in New York City and in many other cities throughout the country. Miss Sutliffe in particular pioneered the social service, convalescent care, and allied activities of hospitals. One of her graduates established visiting nursing in the city's homes, another headed the Yale School of Nursing, and still another directed the Public Health Nursing program of the Rockefeller Foundation. The name of Irene Sutliffe will be remembered and revered as long as New York Hospital exists.

The pioneer research spirit imbues all investigators at the Lederle research and production laboratories at Pearl River, New York, and at the research laboratories of its affiliates in Stamford, Connecticut, and at the Calco Division in Bound Brook, New Jersey. Together, this team discovered, assigned to its important place in nutrition, isolated and finally synthesized folic acid, which has proven to have such startling nutritional effects in the megaloblastic anemias, including those of sprue and pregnancy. This pioneering and research continues at Lederle today and every day—and we believe will always continue.

LEDERLE LABORATORIES DIVISION

AMERICAN Cyanamid COMPANY

30 Rockefeller Plaza, New York 20, N. Y.

game is to stick to your original specifications. For example, my set must be blue and white with an onion pattern and a crossed swords trademark. The more difficult the search, the more pleasurable is success. The last piece that I discovered in the dusty depths of a Chicago antique shop had a superficial crack in the patina. I was terribly disappointed. Then the shopkeeper suggested, "You'd be cracked too if you were as old as that dish!" That did it; I bought it.

There are other opportunities for broadening one's interests besides hobbies. Classes are currently forming in adult education in all branches at local colleges. You are only cheating yourself if you do not take advantage of this golden opportunity. Greater mental health can be yours by taking just a short course in arts and crafts. Whether you are talented or not, you may cheer some lonely child as he watches you struggle to bring your cartoon characters to life. These are the tools at your command. These little extras make you stand out among your fellow nurses, as someone "special"

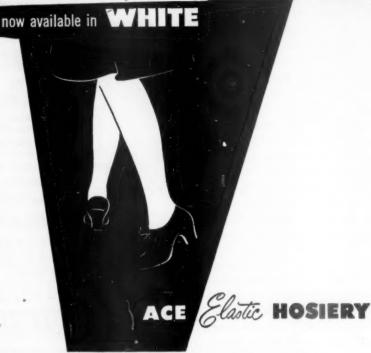
When you apportion some of your off-duty time to educational pursuits or enjoyable hobbies, your working hours will not be just another routine day. You will learn to give of your knowledge without giving too much of yourself. You will learn to give easily, and yet retain your individuality, vitality, energy, and personality. All nurses know how to work, but few really know the art of relaxation—of "getting lost" . . . in a hobby.

September R.N. 1952





MADE-TO-MEASURE UNIFORMS GEORGIANA 3, ALABAMA



for nurses and others who
are on their feet for long periods of
time and who prefer or are obliged
to wear white hosiery.

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ACE Elastic Hosiery in white introduced at the Biennial Nurses Convention in June, is



Requires no overhose!

## BECTON, DICKINSON AND COMPANY

RUTHERFORD, NEW JERSEY

ACE, Trademark Reg. U.S. Pat. Off.

#### Foundations

[Continued from page 31]

unwieldy "corset"-envisioning, no doubt, the laces and bones that grandmother wore. Such instruments of torture are not to be found in corset departments today. Control comes with styling, with lightweight fabrics, and boning of plastic or steel that allows flexibility.

One doctor said in a recent interview: "Thank goodness women are sensible about their foundations nowadays. I'd hate to be responsible for the health of any woman who persisted in corseting herself to unnatural proportions. The body needs support-not punishment.

"Man is constantly supplementing and improving on Nature. We give the defective lens of the eve a'crutch' in the form of a glass lens in our spectacles. We offer hearing aids to the partially deaf. And we give the abdomen an additional elastic 'muscle' in the form of a corset or girdle for support. This kind of corsetry makes sense. The idea of binding, or constricting the body, does not."

Had women's figures changed as the forms of fashion varied, the fair sex would be virtually unrecognizable today. Major silhouette changes have occurred at the rate of about three to the century, following a sequence of slim, bell, and back emphasis in skirts . . . high, normal or wasp waistline . . . slim, full, and tight sleeves. To achieve these changes, the body has necessarily been modified by artificial means: corsets, girdles, brassieres, hoops, pads, bustles, and other contrivances.

Each age has had its ideal figure which a million contemporary, toofat, too-thin, too-tall, or too-short women have managed to arrive at with the aid of diet, whalebone, padding, and determination. Even in the half-century, women pushed, pulled, and pinched their figures to conform to a number of "ideals." The "ideal" woman of 1900 short, sway-backed, pinchnarrow-shouldered. waisted. pigeon-chested. Under her powerful corsets she was also fat and rather flabby. A few years later she began to slim down her hips and stand straighter. Within 10 years the constrictive corset was done with, and waists could expand from the old 18to 20-inch measure. Then the ladies became sports-conscious, diet-conscious. Before today's naturallyproportioned silhouette came the hipless, bustless, masculine-looking figure of the "twenties" when many a would-be flapper did permanent injury to her breasts by binding them . over-tightly.

The trend away from punishment, initiating the "modern age" of corsetry, began in the early "thirties" with the introduction of two-way stretch elastic into foundation garments. Where before, control could be achieved only through boning, lacing, rigid fabrics, and heavy elastics, it now became possible to refine one's proportions with flexible, lighter-and far more healthful-foundations. Today, foundations for fashion are properly termed-foundations for health.

## tere is only one Phospho-Soda (fleet)

- safe and effective whenever laxation is indicated

Phospho Soda (Fleet) is a solution containing in each 100 cc. sodium biphosphate 48 Gm; and 'Phospho Soda' and 'Fleet' are registered trademarks.

C. B. FLEET CO., INC. LYNCHBURG, VIRGINIA

## Anti-infectives [Continued from page 51]

phenol, is based on their special ability to coagulate protein. But because cresol solutions do not precipitate proteins to the same extent as phenol, they are less toxic. Saponated Cresol Solution is used to disinfect hands, operating room equipment, and instruments. As a hand disinfectant, however, the soap solution leaves an unpleasant, persistent odor and proves irritating upon prolonged use.

Soap itself should not be discounted as a highly effective agent in the disinfection process. Surface germs are temporarily removed from the skin after a session of scrubbing with soap and hot water followed by a rinsing in other disinfectants such as 70 to 80 per cent alcohol or weak carbolic acid. The chief reason for the use of soap and its inclusion in phenol or cresol solutions is its ability to reduce the high surface tension of water thereby allowing greater penetration and wider contact with the material to be disinfected. Alcohol is also a valuable surface tension reducer.

Another phenol derivative that has recently become popular in the operating room and in other parts of the hospital is hexachlorophene. Studies have indicated that preparations containing 2 to 3 per cent concentrations of this substance can markedly reduce the number of organisms in the bacterial flora of the skin. In pre-operative scrubbing, a preparation containing 3 per cent

hexachlorophene in a synthetic detergent is claimed to allow a shorter pre-operative scrubbing of the hands and arms.

We have already spoken of the importance of employing solutions of low surface tension in chemical disinfection. There are several substances called surface active antiinfectives, commonly known as detergents, which are not only good surface tension reducers but are in addition effective antibacterials. The cationic preparations in this group, which include fatty amine salts, quaternary ammonium compounds, basic dyes such as brilliant green and crystal violet, and the acridine antiseptics, proflavine and acriflavine hydrochloride, are effective against both gram-positive and negative organisms. Two drugs in this general category, benzalkonium chloride and cetyl pyridinium chloride are described in Drug Digest, page 52, along with the phenol derivative, hexachlorophene and a mercury compound which is known as nitromersol.

Mercury compounds have long been considered valuable antiseptics because of their bacteriostatic effect on nonsporulating organisms. The best known of these compounds, bichloride of mercury, is said to kill most non-spore forming bacteria within an hour. Its main disadvantages are that it is irritating to the skin, corrodes metal, and also coagulates substances such as sputum, blood, and pus. This latter property prevents it from acting on bacteria contained in the coagulated material

present. Compounds which exhibit less toxicity are the antiseptics, Mercurochrome, Merthiolate, and Metaphen (nitromersol).

No discussion of antiseptics should omit mention of the old standbys, alcohol and iodine. The usual dilution of alcohol is 70 to 80 per cent because it has been found that this concentration affords better penetration of the bacterial cell. Although alcohol is an excellent solvent for locally acting germicides and is widely used for its germicidal potency, it cannot, according to one authority, be entirely depended upon as a germicide.<sup>3</sup>

Tincture of iodine, of course, continues to be a popular treatment for small cuts and abrasions as well as for pre-operative preparation of the skin. Even though iodine combines with protein, it has great penetrating power and is able to retain most of its activity in the presence of serous fluids, skin exudates, and foreign matter. Certain precautions must be followed in its use, however, because of its irritant action. It should never be applied to wet skin, areas near the eyes, or the mucous membranes. Also, it should dry thoroughly before covering, and dressings should not seal off the wound.

This brief review of the antiseptics and disinfectants now at our command does not attempt to cover the entire field. But it may give some indication of how far scientists have traveled since the time of Lister. Without the stimulus of his work, it is doubtful whether surgery could have attained its present position as one of the greatest life-saving and rehabilitative forces of the twentieth century.

when		BLACK
DEFORE AFTER		Change from white to black indicates sterilization
	RILOR	AETER LIZATION
	ID FOR FREE	
P.O. Box	ter Laboratories De 8343, West Adams les, California	pt. S-RN-21 Station
Please sei in our au	nd free samples of s toclaves.	Sterilometer to test
Name Hospital		-Title

City.....Zone...State....

¹New and Nonofficial Remedies 1951 (Philadelphia: J. B. Lippincott Co., 1951), p. xxvii-xxviii.
²Ibid, p. 42.

<sup>2</sup>Ibid, p. 42.

John C. Krantz, Jr. and C. Jelleff Carr, The Pharmacologic Principles of Medical Practice (Baltimore: The Williams and Wilkins Co., 1951), p. 425.

The use of light as a curative agent was discovered accidentally by a French workman who found that a co-worker afflicted with rheumatism was cured by remaining in the vicinity of an arc-light, and that the same thing happened in factories employing electric soldering, in which there was a great effulgence of light.

## massage...



## "an indispensable agency

in control of significant features of many disease processes."1

As "the renaissance in physical therapy promises that this oldest of healing arts will again come into its own," physicians, nurses and physical therapists have become increasingly aware that the lubricant chosen may be a factor in the success of massage therapy. 1 and 2 — "Massage — Physiologic Basis," Arch. Phys Medicine, March 1945. Presented as part of Instruction Course, Twenty third Annual Session, Amer. Congress of Phys Medicine, Cleveland, 1944.

# dermassage ...

## lotion of choice

for massage and bed sore prevention measures—NOW WITH ANTISEPTIC VALUE

The soothing, emollient character of Dermassage, the protective value added by germicidal hexachlorophene and the cooling effect of menthol—these combine to make Dermassage a logical aid to patient skin care. The lanolin and olive oil content lubricates skin surfaces, reduces likelihood of cracks and irritation. Hexachlorophene minimizes the risk of initial infection, gives added protection where skin breaks occur despite precautions.

#### CLIP THIS CORNER to your LETTERHEAD for a Liberal Trial Sample of EDISONITE

SURGICAL CLEANSER
Instruments come spotlessly

clean and film-free after a 10-to-20 minute immersion in Edisonite's probing "chemical fingers" solution, Harmless to hands, as to metal, glass and rubber. EDISON CHEMICAL COMPANY, 30 W. Washington St., Chicago 2.



Patients Are Grateful for DERMASSAGE Have you tested it?

it

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EDISON CHEMICAL CO. 30 W. Washington, Chicago 2

Please send me, WITHOUT OBLIGATION, your Professional Sample of DERMASSAGE.

RN

Address

### **PROTECTION**

## POISON OAK with NEW

### Pyribenzamine®

Cream

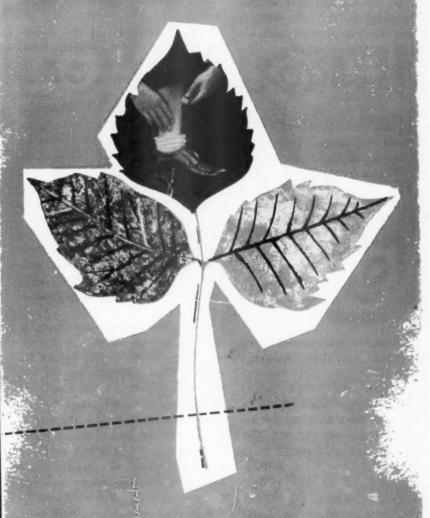
#### with Zirconium

From a recent investigation comes this noteworthy clinical development: topical Pyribenzamine with Zirconium, applied to the skin within one hour after application of Rhus toxicodendron extract, "will prevent the development of Rhus ... dermatitis ... "1 Other evidence indicates that this new combination frequently halts spread of existing dermatitis - aids healing - relieves itching, blistering, burning. From Cronk and Naumann: 285% effectiveness in 47 patients treated for Rhus dermatitis with Zirconium - a result termed "highly satisfactory." From Carrier et al.:3 topical Pyribenzamine "a very valuable adjunct in the treatment of dermatitis due to plants, especially poison ivy ..." Pyribenzamine Cream with Zirconium is supplied in 50-Gm. tubes, each containing 2% Pyribenzamine hydrochloride (brand of tripelennamine hydrochloride) and 4% Zirconium oxide (as hydrous zirconia) in a water-washable base. Complete information on request.

Cronk, G. A.: Arch. Dermat. & Syph. (In press.)
 Cronk, G. A., and Nauman, D. E.: J. Lab. & Clin. Med. 37:909, 1951. 3. Carrier, R. E., Krug, E. S., and Glenn, H. R.: Journal-Lancet 68:240, 1948.

CIBA Pharmaceutical Products, Inc., Summit, New Jersey

FROM POISON IVY



Ciba

#### R.N. Speaks

[Continued from page 25]

organizational practices, we do believe that nursing can best accomplish its purposes and nurses reach their greatest potentialities and rewards through organization. We constantly stress the values of and the need for membership in our professional association.

In regard to the comfortable belief that the elimination of the alumni association as the base unit of ANA membership was a more potent factor in membership losses than higher dues, we present a ten-year record of ANA membership as of December 31st of each year given.

1942—183,344 1943—178,557 1944—178,415 1945—181,428 1946—176,393 1947—161,509 1948—164,160 1949—171,341 1950—175,785	(14,784 loss
1950—175,785 1951—173,202	

The alumni separation was voted in June, 1944, when the membership was 178,415. Two and one-half years later, during which period many states changed their bylaws to conform with the new plan, the total was 176,393, a loss of 2,022. The raise in national dues from 75 cents per capita to \$3 was voted in September, 1946. At the end of December, 1947, the membership tally was 161,509, a loss of almost 15,000 members. On December 31, 1951 the ANA was just 10,000 under the total of ten years ago.

In light of this published evidence, is it a "fallacy" to believe that higher dues had *something* to do with the very serious loss in membership from which the ANA has never recovered?

We heartily approve the idea of promoting nurses' welfare and employment opportunities, and improving working conditions and salaries through professional programs. We believe that the morale and stability that underlie good nursing are heavily, but not wholly, dependent upon health, employment, and old age protections. We most assuredly do not question the principle of sounder, better protection for nurses. It is the method employed to achieve this objective that we point at. Though the states are presumably left free to adopt whatever method they choose, the accepted pattern calls for collective bargaining with signed contracts between employers and the state associations representing nurses.

The signed contract introduces an element of compulsion on the assumption that only with legally executed signed contracts can all employers be induced to raise salaries. Some unquestionably have been forced to such action by the law of supply and demand. They've learned that nurses just aren't available at the old price. We believe there are others who have come to realize that nurses are people who want to live in their own homes, and on a living standard that befits a skilled, professional worker. This realization comes slowly, we admit, but no more slowly than it came to some within our own ranks. The idea that nursit's the Neuling influence

that makes the great difference in

DESITIN

hemorrhoidal SUPPOSITORIES



patient may sit, move and walk in greater comfort as Desitin Hemorrhoidal Suppositories with Cod Liver Oil act promptly to...

- relieve pain and itching
- minimize bleeding
- reduce congestion
- guard against trauma
- promote healing by virtue of their contents of high grade crude Norwegian cod liver oil, rich in vitamins A and D and unsaturated fatty acids (in proper ratio for maximum efficacy).

Send for samples

DESITIN CHEMICAL COMPANY .

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Prescribe Desitin Hemorrhoidal Suppositories in hemorrhoids (non-surgical), pruritus ani, uncomplicated cryptitis, papillitis, and proctitis.



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Composition: crude Norwegian cod liver oil, lanolin, zinc oxide, bismuth subgallate, balsam peru, cocoa butter base. No narcotic or anesthetic drugs to mask rectal disease. Boxes of 12 foil-wrapped suppositories.

#### NURSE . . . .

#### IS THIS ONE OF YOUR PATIENTS?



(Cast from a children's dental clinic showing maloclusion due to thumb sucking)

WHEN TREATMENT IS INDICATED TO DISCOURAGE THUMB SUCKING

···recommend...

Order from your supply house or pharmacist

We lose money on this offer

The No-Folding diager that absorbs like a sponge-fits all age babies — saves time, work, space for mother.

Twice as many in tub

 3 Times as many on line



It cost us more to make this offer than the 25c we ask, therefore just one sample per person, please



FRED DEXTER HOUSTON & TEXAS

EVEN DAD

BURP

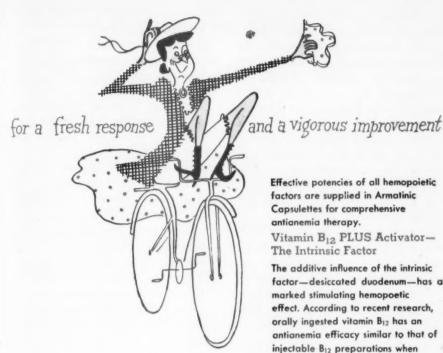
CLOTH

ing must be a life of sacrifice was born within nursing not within the ranks of the hospital administrators. The hospital administrator just caught hold of and exploited the idea.

We have not opposed economic security for nurses. Rather we have pointed out that the ANA economic security pattern has not been generally accepted by the state nurses associations and that the number of nurses covered by signed contracts after six years of prodigious work and heavy expense is comparatively small. A study of the positions available in the AJN, Nursing World, and R.N. shows a considerable improvement in salaries in the past few years. However, it is interesting to note, there seems to be little or no difference in the salary ranges offered between the states using the collective bargaining techniques and those which do not, which bears out survey findings of R.N. and AHA.

We believe that the whole question of the profession's approach to economic security should come up for review, not by its proponents or its opponents, but by an impartial body. We believe that mediation and public education should play a greater and better organized part in the program than has been advocated to date.

We do not lend our editorial support to the proponents of the collective bargaining technique for three very cogent reasons. First, the signed contract between an employer and the SNA has never been tested in a court of law. We have no way of knowing whether all the expen-



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FOR THE PATIENT WHO DOES NOT TOLERATE IRON

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		Helles	COMPOSITION		
	200	mg.	Ferrous Sulfate Exsiccated	No fre	in Salt
	10	mcg.	*Crystomin (B12)	10	mcg.
	350	mg.	Liver Fraction II with Desiccated Duodenum	350	mg.
	1	mg.	Folic Acid	1	mg.
	58	mg.	Ascorbic Acid (C)	58	mg.
	*Th	e Ari	mour Laboratories !	Brand	of

Crystalline 812

Effective potencies of all hemopoietic factors are supplied in Armatinic Capsulettes for comprehensive antianemia therapy.

Vitamin B<sub>12</sub> PLUS Activator-The Intrinsic Factor

The additive influence of the intrinsic factor—desiccated duodenum—has a marked stimulating hemopoetic effect. According to recent research, orally ingested vitamin B12 has an antianemia efficacy similar to that of injectable B<sub>12</sub> preparations when activated and potentiated by desiccated duodenum.1-4 Moreover, folic acid has been shown to be one of the most active vitamin B<sub>12</sub> potentiators.5-9

Armatinic Activated may be used in either the macrocytic or microcytic anemias (except in the initial treatment of pernicious anemia), whereas Armatinic Special fulfills a unique requirement for the macrocytic anemia patient in supplying the most potent activated hemopoetic factors without iron.

References: (1) Hall, B. E.: Brit. Med. J. 2: 585-589, 1950; (2) Bethell, F. H.: Univ. Hosp. Bull., Ann Arbor 15: 49, 1949; (3) Bethell, F. H., et al.: Ann. Int. Med. 35: 518-528, 1951; (4) Spies, T. D.: J.A.M.A. 145: 66-71, 1951; (5) May, C. D.: Am. J. Dis. Child. 80: 2, 1950;
 (6) Luhley, A. L., and Wheeler, W. E.: Health Center J. (Ohio St. Univ.) 3: 1, 1949; (7) Reisner, E. H., and Weiner, L.: Bull. New York Acad. Med. 27: 391, 1951, (8) Griffenhagen, G. B., and De Guia, E. F.: J. Am. Pharm. Assn., Sc. Ed. 41: 181-184, 1952; (9) Diez, Rivas, F., Marales, F. H., and Meyer, L. M.: Ann. Int. Med. 36: 1076, 1952.



THE ARMOUR LABORATORIES CHICAGO II, ILLINOIS

world-wide dependability. SIOLOGIC THERAPEUTICS THROUGH BIORESEARCH sive legal paraphernalia required by the plan is protection against violation of contract or not. Secondly, the program has never had to stand the test of a slow labor market; it has operated only in a period of a prolonged nurse shortage. Our third objection, while to some will be rank heresy, has been slow in evolving. It was arrived at after patiently observing the various substitute processes which have been employed in our national economy to avoid the necessity of labor strikes.

The strike has been the only weapon of the salaried worker in the open market of wages. It is the action of the employe to force increases in salary and other benefits, when the employer is resistant to the idea. It has been observed by labor relations authorities that when the strike is replaced by substitutes, such as anti-strike legislation, compulsory arbitration and injunctions, the collective bargaining strength becomes attenuated.

We do not advocate nurses striking. The ANA deplores the idea of the strike. But actually, without the strike, the only weapons of the Economic Security Program are unadulterated, old fashioned persuasion and mutual agreement, accomplished through strong public relations and good publicity—regardless of the terminology in vogue.

It is an indisputable fact that the base of the collective bargaining system rests on the strike action or threat of strike. We believe, therefore, that this pattern of collective



## For every nurse

## who leads a double life



On duty your professional work absorbs you. There is time for only fleeting thoughts about that dance you'll attend during Off duty hours.

rike

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Whether it is 10 A.M. or 10 P.M. one thing is certain—you want your hands to be as soft, smooth and free from redness as possible. Your patients like it, your date expects it. Use TRUSHAY before those frequent on duty soap-and-water scrubbings, for TRUSHAY helps preserve the natural skin oils. Use TRUSHAY after you wash your hands, too, to give that oh-so-soft feeling.

Trushay is delightful to use, on hands, face, and as a body rub, for it is richly creamy, but without a trace of stickiness. When patients admire your smooth, soft hands, let them in on your secret—tell them about TRUSHAY, the lotion with the "beforehand" extra.

## TRUSHAY

the "beforehand" lotion

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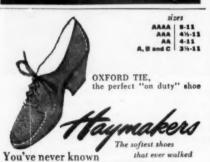




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HAYDEN'S VIBURNUM COMPOUND has rescued millions from loss of time in the home, office or factory, Prescribed extensively for the relief of functional dysmenorrhea, intestinal cramps, or an smooth muscle spasm, HVC has proven its effectiveness over many years of usage.

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THE PUMP

the "off-duty"

Same colors as

bamboo and

smoke grey

the Oxford, plus

a good-looking shoe that could be so comfortable, fit so perfectly. support so easily and firmly. It's light as a feather and hand crafted from a single cradling of treat for your feet. softest leather. There isn't a seam, bulge or ridge on the sole. When you're

you appreciate Haymakers. In white, also in brown, black, red, green or navy blue calf.

on your feet a lot,

SPECIFY SIZE, WIDTH AND COLOR. SEND YOUR ORDER BIRECTLY TO HAYMAKERS, DEPT. R9. 49 WEST 34TH ST., NYC bargaining, the only one approved by the ANA, is foundationless-a program with a sky-high ceiling but no cellar. We are of the belief it will never be widely accepted by the states, for in the long run the program may well prove to be im potent as well as too expensive.

We have also recently criticized the Professional Counseling and Placement Service program of the ANA as being too costly in terms of results, but we raised no question regarding the value of counseling. It seems to us that a grossly disproportionate bite is taken out of our dues to support a service that brings direct benefits to not more than 5 per cent of our nurse population. It may be that such a program is a "powerful, membership selling agent," however, it does seem to be a rather expensive way to build membership.

From its very inception, we have been informed of much dissatisfaction over the policy of opening PC&PS to practical nurses and any nurse, whether or not an ANA member. Private duty nurses, for exam ple, who contribute 28.6 per cent in ANA dues, and who thus pay almost one-third in PC&PS costs, have to pay an annual fee to be on the official registry in order to practice. And to be enrolled on the professional registry, they must be paid-up ANA members. It is easy to see who shoulders the greatest part of the financial burden of this program.

From the Rich plans in 1947, on, R.N.'s editors and contributors went all out in their critical analysis of the structure study plans. We did it be-



## Infants' Nurses!

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cause first, they were of such grave importance and secondly, in no other professional publication were the proposed plans interpreted. Nowhere in the written or spoken words of the official spokesmen could we find one word that suggested that every plan proposed was not the epitome of perfection.

We did not believe the engineer lived who ever produced a blue print that turned out a perfect machine. Some of the "bugs" in our structural reorganization will show up only through actual experience. There were and there are others, however, that we sincerely believe apparent in studying the plans. We pointed them out. R.N.'s structure articles have been reprinted in many state bulletins (including Pennsyl vania's). The response we received from an overwhelming number of our readers indicated they recognized our efforts as constructive, not destructive.

Apparently there is confusion regarding our editorial position on the question of ANA Section autonomy. There is no question in our minds whatsoever that the old system was highly inequitable. Nurse educators public health nurses, industrial nurses, all had their separate national bodies through which to push their objectives. In their direct votes they had a power that the private duty, general duty, and administrative nurses in the ANA Sections did not have. The ANA Sections up to now have been forums, and the only voting power provided the members was in electing their own officers.

They could only recommend actions.

We have long recognized this inequity. R.N.'s consultant Janet Geister has railed against this for 25 years. We are solidly for any plan that gives all ANA members equal power for action. However, in our efforts to provide autonomy for the sections we are taking definite risks. Only a membership aware of this danger can avoid the insularity that will bring more harm than good. Autonomy carried too far can, in the end, bring about the creation of more associations than we had in the beginning. We are in danger of creating several organizations within an organization.

Of recent date, national section chairmen have automatically become voting members of the ANA Board of Directors. In many instances, a parallel structure has not been allowed in the SNA's, as it contravenes the existing state corporation laws. Therefore, it is unlawful for many states to follow the ANA pattern. Why are the provisions of these membership corporation laws so undemocratic? Among those states with the more stringent membership corporation laws, it has been interpreted as an unsound organizational practice to permit a vote for or against a director who is not elected by the majority of the membership or delegate body. Under ANA's present system, each section elects its own chairman, who in turn, becomes an ANA Director; members of other sections are not permitted to approve or disapprove of the selection. This policy is far from our



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are less undemocratic There means of guaranteeing equal representation in Association planning. Various alternatives have been suggested by lawyers in the past to the national structure committee. A few of these possibilities were: 1. Allow members to vote for all Directors (inclusive of section chairmen), but their votes "be cast in certain categories that will result in representation from each section." 2. Assure the sections that each section will have representation on the important Committee on Nominations. 3. Create a council of section chairmen which would meet with the elected Board but would not be part of it. With more thought and study possibilities other than these would become apparent.

Du.

As we cannot close our eyes to too much autonomy, neither can we dismiss the matter of balance of power with a light reference to "robber-barons" who squeeze blood from "district stones." It is far too serious. The term "States' rights" isn't the cry of small-fry politicians.

It is the symbol of a never-ending struggle between federal and state governments. When we are aware of the danger of imbalance-or of actual unbalance-the matter is of real gravity. Every organization that grows big is in danger of becoming a bureaucracy, which in this sense means control of bureau heads by top administrative officers. This tendency is one of the by-products of great size. We see it in every type of organization-the church, the university, government institutions, as well as membership bodies. "Leaders arrogate powers to themselves, often unconsciously because members are not alert." R.N. consciously alerts the members of the nursing profession to the possibility of losing their rights and responsibilities through default in this period of growth. Reorganization has shifted association power-it has centralized it in the NLN and diffused it in the ANA. R.N. has tried to make nurses aware of these facts. The corrective to imbalance of power lies in an informed, alert membership body, a point that is constantly emphasized in our pages.



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## School Nursing [Continued from page 34]

most acceptable program at this time includes the teacher and nurse working together. Some state laws require the teacher to do the measuring, while other laws permit delegation of the responsibility to technicians, health service personnel, or other workers.

Paralleling the health instruction program in importance are the health protection measures provided by the school. When large groups of children gather together, the school administration is under definite compulsion to make the environment as safe and sanitary for the children as possible. Nurses and teachers alike should be expected to notice and report to the proper authority any deviation from the best use and care of the school facilities.

The nurse, however, is probably more concerned with those features of the school health service department which lie in her particular sphere. These include emergency care of sick and injured children; the health appraisal program of the children, including coordination of the school screening program and the medical examinations; the protection of children and employes against the spread of communicable disease as well as against poor mental hygiene factors and undue stress and strain. This, of course, entails knowledge of normal child growth and development, understanding the basic needs of children and an ability to establish rapport with child and family while

seeking a solution to any problems.

In addition to thinking about the wide and varied scope of the school nurse's duties, we must realize that nurses serve several age levels such as children in elementary, junior high, senior high, and college. All of these ages present different problems, and need different ways of meeting the problems. For example, the health care of the elementary child is largely planned by parents, teachers, and medical people. As the child grows older his own personal feelings in the matter become quite vital to him. In high school and college, while the parents must usually foot the medical bills, plans for health improvement and care are usually carried through only if the young person desires it. This makes it necessary for the nurse to be able to counsel with all ages and types of people. One of the most difficult lessons that a nurse in the field of school health has to learn is that "telling" is not counseling or teaching. The decisions which people make are made pretty much on the emotional level, and it is necessary for much preliminary work to precede a satisfactory decision. The nurse needs to be a good listener as well as have many resources in mind which she may use in making referrals and getting assistance for family care.

For such an extensive type of work, nurses frequently ask what kind of preparation they should have in addition to their basic nursing preparation. The NOPHN advocates a basic public health nursing course. The American School Health Assono need to be

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ciation states that this basic public health nursing course should be supplemented by additional study or that a special school health course should be taken. (See chart.) Few colleges offer ideal preparation for the nurse in the school.

For proper preparation the salaries for nurses employed by Boards of Education are usually the same as for teachers. For 1952, the nurses and teachers with Bachelor degrees in the writer's city receive a minimum salary of \$3,000, and may reach a maximum of \$4,950 in 13 years. Other cities have somewhat different schedules, but this city is among the upper half as far as teachers' salaries are concerned.

School nurses in the specialized groups are not organized into any national groups. Many are members of the NOPHN, about an equal number are members of the American School Health Association, and still others belong to the Health, Physical Education and Recreation Division of the National Educational Association. Each of these organizations has a monthly magazine which frequently proves helpful to school nurses. However, school nurses do desire a section of their own in the new ANA structure. It is doubtful that the ANA Public Health Nurses Section in the nursing reorganization will meet the needs of the school nurses. At the moment more school nursing leadership is greatly to be desired, with greater participation of all school nurses if they wish to maintain and increase the standards under which they work.

A treatise on the newer technics of infant feeding and their effect on the growth and development of the infant mouth.





Compare the studies of the infant mouth pictured above. At left is shown the possible results of improper feeding technics. The gum ridge of the maxilla is forced forward and upward. The roof of the mouth presses against and closes the passage between the lower turbinate and floor of the nose. The mandible recedes. At right is shown the normal formation of the infant mouth.

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#### Vienna [Continued from page 29]

the building was called the "Narrenturm" or "Fools' Tower." On days when the Viennese had nothing better to do, they used to walk out here -it was beyond the city walls-to watch and tease the insane. When Peter Frank became head of the neighboring and newly-organized Allgemeines Krankenhaus (at the time when George Washington was president of our country), he put an end to this sport. As a doctor, Peter Frank had many peculiar ideas. He refused to wear a wig at a time when no other doctor would be seen without one, and he insisted that the people of Vienna be vaccinated against smallpox. He put Vienna on the medical map as one of the first cities to utilize this life-saving discovery of Jenner. He also said that the "fools" were sick people, and he incorporated the tower into the hospital. This early recognition of mental illness was a forerunner to the work Freud was to do at the Allgemeines Krankenhaus a century later.

Oberschwester Angerer and I were now walking through the hall of the tower toward the central court and a circular stairway. A nurse reading the bulletin board turned and greeted us, "Gruss Gott" (greet God), the standard "hello" in this Catholic country. The directress introduced her to me as Maria Haupt. Maria was a typical nurse of the Allgemeines Krankenhaus. She had the appearance that we consider typically Austrian: blond, fair, stocky in build.

She wore no make-up on duty, and her hair was braided and coiled underneath her Mother Hubbard nursing cap. She was wearing the blue dress and white apron that is uniform for both students and graduates of the Allgemeines Krankenhaus; only an oval, silver pin showed that she was a graduate.

Together, we climbed the stone stairway to a ringed hallway where on ancient, heavy, wooden doors hung the names of the nurses. "The tower is the same as it was in the days the fools were kept here," Oberschwester Angerer said. She and Maria showed me the iron aperture in the door that was formerly used for watching the inmates and passing food to them; it could still be opened.

After repeating that it was not like nurses' quarters in the United States, the directress admitted that it had a certain charm. Inside, Maria's room was small but comfortable. At the small, deeply-set window there were flowered draperies that matched the cover on the bed. Beside the bed, the room had a dressing table, a comfortable chair and, in the corner, a small stove that made the room cosily warm.

The nurses at the Allgemeines Krankenhaus have a duty system different from ours. After two 12-hour tours of day duty, they have a 12-hour stint at night, followed by two days off. The nurses like this system though it adds up to many more weekly hours of work than our customary 40 to 48 hours. Even considering the wide differences in



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economic conditions and standard of living between the U.S. and Austria, which would make nurses' salaries in the two countries disparate, there is no escaping the fact that the Austrian nurse is underpaid. I have been told that she sometimes earns less than domestic employes. The strong military tradition in medicine, as well as the late development of nursing education, have probably kept nursing on a lower professional standing here. Since there is no equivalent to our state nursing examinations, standards vary from school to school.

The students live dormitory-style, five or six to a room as first-year students, two or three to a room as seniors. Lights in their rooms must be out every night at 10 P.M., except Saturday night when students are allowed a late leave until 11 P.M. This allows them to go to the excellent opera or theatre of Vienna, which starts at 7 P.M., see the whole performance, and be back in quarters under the deadline. They can go home for an "overnight" once a month. "Your students have a strict regime," I told the directress. She

looked surprised. "Why? How is it different in the U.S.?" she asked.

But these are only superficial differences. The program of training is similiar to ours in the States. In the first six months, there's a stress on theory and after this, as the students spend more time in the various clinics, classes are continued on different aspects of medicine and nursing.

As I left, Oberschwester Angerer graciously invited me to visit her or the hospital whenever I wanted. I've been back frequently. It's not only curiosity that keeps taking me back, it's that comfortable feeling of familiarity and interest, for "once a nurse always—"

Britain has reported more student nurses in training and more nurses and nurse-midwives on hospital staffs than at any previous time. By March 31, 1951 there were 134,019 full-time and 24,593 part-time nurses and midwives in hospitals, an increase of approximately 9,000 full-time and 2,000 part-time nurses. However, the nursing shortage in the sanatoria and the chronic disease and mental hospitals was only slightly relieved.

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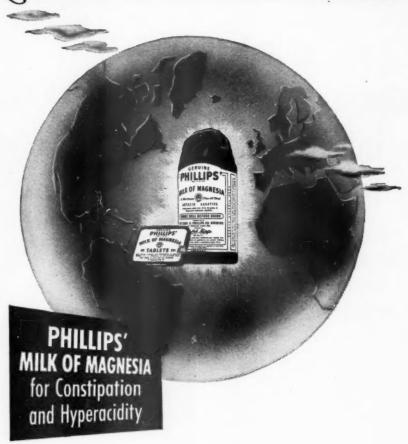
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FACULTY POSTS: (a) Educational dir. & clinical instructors in med., surg., ped., collegiate school. Univ. city. Pac. Coast. (b) Science & clinical instructors, med. & surg., 300 bed gen'l hosp. univ. town, 100,000, near several lge. cities, E. (c) Educational dir., one of Wisconsin's leading hosps. Min. \$400. (d) Nursing arts instructor, one of California's leading hosps. Gen'l, fairly lge. size, faculty of 11 members. (e) Ass't. prof. psy. nursing, school of nursing, large co-educational institution, E. Min. \$5000. RN9-4 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

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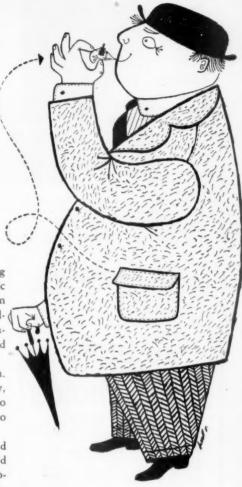
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 Swartz, H. (1950), Norisodrine Sulphote (25 Per Cent) Dust Inhalation in Severe Asthma, Ann. Allergy, 8:488, July-August.
 Krosano, L., Grossman, M., and Ivy, A. (1949), The Inhalation of 1-(3',4'-Dihydroxyphenyl)-2-isopropylaminoethanol (Norisodrine Sulfate Dust), J. Allergy, 20:111, March.

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> \*Mitsui,Y.: J. Fac. of Med., Baghdad, Iraq (January) 1952.

ON EMERGENCY DUTY: Decrease in death rate from severe burns points to new advances in therapy--significantly, combined penicillin-streptomycin for dual, cross-fire antimicrobial action. A "must" for all emer-"Combiotict should be administered intramuscularly for the gencies, first 21 days...to control infection, preserve the viable islands of epithelium, prevent the conversion of wounds into more serious 3rd degree burns."\* The dual, synergistic action of Combiotic prevents secondary superinfections, lessens the number of injections! Ready for use, COMBIOTIC AQUEOUS SUSPENSION provides 400,000 units Penicillin G Procaine Crystalline and 0.5 Gm. Dihydrostreptomycin Sulfate. The ultimate in easy syringeability -- supplied in "drain-clear" single- and 5-dose vials. Same potency available in unique STERAJECT single-dose disposable cartridges.

\*Eisenstodt, L. W.: J. M. Soc. New Jersey (February) 1952.

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